2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004398

Entity Name: AVALON LAKES HOMEOWNERS ASSOCIATION, INC.

FILED Apr 12, 2017 Secretary of State CC3271499008

Current Principal Place of Business:

761 CIARA CREEK COVE LONGWOOD, FL 32750

Current Mailing Address:

761 CIARA CREEK COVE LONGWOOD, FL 32750 US

FEI Number: 01-0726879 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONO AND ASSOCIATES, LLC 761 CIARA CREEK COVE LONGWOOD, FL 32750 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL L. BONO 04/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

TitlePRESIDENTTitleDIRECTORNameHAIGHT, LIZNameMAFALE, ANITA

Address 761 CIARA CREEK COVE Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title VP Title DIRECTOR
Name JOHANSEN, ERIK Name OWENS, OTIS

Address 761 CIARA CREEK COVE Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title TREASURER Title DIRECTOR

Name GORAS, JOHN Name HODGES, GEORGE

Address 761 CIARA CREEK COVE Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title SECRETARY

Name CANTER, JOHANNA

Address 761 CIARA CREEK COVE City-State-Zip: LONGWOOD FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIZ HAIGHT PRESIDENT 04/12/2017