

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004398

Entity Name: AVALON LAKES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**640 E. STATE ROAD 434
SUITE 3000
LONGWOOD, FL 32750**Current Mailing Address:**640 E. STATE ROAD 434
SUITE 3000
LONGWOOD, FL 32750 US**FEI Number:** 01-0726879**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO AND ASSOCIATES, LLC
640 E. STATE ROAD 434
SUITE 3000
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

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FRANK, CHRISTOPHER
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT
Name MAFALE, ANITA
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title VP
Name PERSAD, VARUN
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name OWENS, OTIS
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name GORAS, JOHN
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name GERAGHTY, DANIEL
Address 640 E. STATE ROAD 434
SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name LEIN, SARAH
Address 640 E. STATE ROAD 434
SUITE 3000
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: ANITA MAFALES

PRESIDENT

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date