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.

Name

Hame		Hame	TH VEIN , I NOEO
Address	9300 NORTH 16TH STREET	Address	9300 NORTH 16TH STREET
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612
Title	VP	Title	т
Name	OJEDA, OMAR	Name	ALVIOR, AILEEN
Address	9300 NORTH 16TH STREET	Address	9300 NORTH 16TH STREET
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

Officer/

The above named	entity submits this statement for the purpose of changing its regist	ered office or regist	ered agent, or both, in the Sta	
SIGNATURE	: JANET WINFIELD			
	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	Ρ	Title	D	
Name	LOPEZ, FELIX	Name	RIVERA, PABLO	

nt for the of chonging its od ontitu submits this state The above State of Florida.

Current Mailing Address:

9300 NORTH 16TH STREET TAMPA, FL 33612

Current Principal Place of Business:

9300 NORTH 16TH STREET TAMPA, FL 33612 US

FEI Number: 55-0831259

Name and Address of Current Registered Agent:

WINFIELD, JANET 9300 NORTH 16TH STREET TAMPA, FL 33612 US

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0200007942

Entity Name: AVERY OAKS HOMEOWNERS ASSOCIATION, INC.

FILED Apr 07, 2015 **Secretary of State** CC8646880744

> 04/07/2015 Date

Certificate of Status Desired: No

04/07/2015

Electronic Signature of Signing Officer/Director Detail

PRESIDENT