

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001847

**Entity Name:** THE TOWNHOMES AT AVALON LAKES ASSOCIATION, INC.

**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:** 87-0740333

**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

04/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FISHER, HOBART  
Address        761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            TAYLOR, STEPHEN  
Address        761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            TD  
Name            HAIGHT, LIZ  
Address        761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            GERAGHTY, DANIEL  
Address        761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title            SECRETARY  
Name            ECHEVARRIA, MADELINE  
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:** HOBART FISHER

PRESIDENT

04/12/2018

Electronic Signature of Signing Officer/Director Detail

Date