

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001847

Entity Name: THE TOWNHOMES AT AVALON LAKES ASSOCIATION, INC.**Current Principal Place of Business:**1399 CROWN HILL BLVD
ORLANDO , FL 32828**Current Mailing Address:**640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750 US**FEI Number:** 87-0740333**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

02/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FISHER, HOBART
Address 13824 DOVE WING COURT
City-State-Zip: ORLANDO FL 32828

Title VP
Name CANDELARIA, JEANNINE
Address 13852 DOVE WING COURT
City-State-Zip: ORLANDO FL 32828

Title TD
Name BRADFIELD, JAMES
Address 1219 FALLING STAR LANE
City-State-Zip: ORLANDO FL 32828

Title SECRETARY
Name ECHEVARRIA, MADELINE
Address 1324 FALLING STAR LANE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name ADAMS, LISSETTE
Address 14233 TURNING LEAF DRIVE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name SOTO, WILLIAM
Address 14209 TURNING LEAF DRIVE
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name APPOU, BONSU
Address 14147 TURNING LEAF DRIVE
City-State-Zip: ORLANDO FL 32828

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

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date