

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001629

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC9505232830**

**Entity Name:** CARPENTRAS AT THE VILLAGES OF AVIGNON  
HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3701 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239

**Current Mailing Address:**

3701 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239

**FEI Number: 20-4134623**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PROGRESSIVE COMMUNITY MANAGEMENT INC  
3701 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GRIFFIN, LONNIE  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title TD  
Name STULL, BETH  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title VPD  
Name CRAPIS, NICHOLAS  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title SD  
Name SOUTHERLAND, CJ  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title AST  
Name SUTTON, WILLIAM  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

*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: LONNIE GRIFFIN**

**PRESIDENT**

**02/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date