

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000000148

**Entity Name:** AVANTI HOMEOWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

155-193 NORTH SHORE DRIVE  
NORMANDY ISLE, FL 33141

**Current Mailing Address:**

GABLES PROFESSIONAL MANAGEMENT CO.  
3934 S.W. 8TH STREET, SUITE 303  
CORAL GABLES, FL 33134

**FEI Number:** 20-4053705

**Certificate of Status Desired:** No

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

BAKALAR & EICHNER, P.A.  
MELLON FINANCIAL CENTER  
150 S. PINE ISLAND RD., STE 540  
PLANTATION, FL 33324 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 P  
Name DIMARCO, PAUL  
Address 187 NORTH SHORE DR #6  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name EVE, KIMBERLY B  
Address 155 NORTH SHORE DRIVE  
#5  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name STEPHENSON, JAMES  
Address 193 NORTH SHORE DR #5  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name MISSAIR, ANDRES  
Address 193 NORTH SHORE DR #2  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name SCHWARTZBERG, LEONARD  
Address 179 NORTH SHORE DR #401  
City-State-Zip: MIAMI BEACH FL 33141

*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:** PAUL DIMARCO

P

06/04/2013

Electronic Signature of Signing Officer/Director Detail

Date