## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000148

Entity Name: AVANTI HOMEOWNERS ASSOCIATION, INCORPORATED

**FILED** Feb 26, 2013 **Secretary of State** CC5695660323

## **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 Title VΡ

DIMARCO, PAUL EVE. KIMBERLY B Name Name

Address 187 NORTH SHORE DR #6 Address 155 NORTH SHORE DRIVE

City-State-Zip: MIAMI BEACH FL 33141 City-State-Zip: MIAMI BEACH FL 33141

VΡ Title Title VΡ Name STEPHENSON, JAMES

MISSAIR, ANDRES Name Address 193 NORTH SHORE DR #5

193 NORTH SHORE DR #2 Address City-State-Zip: MIAMI BEACH FL 33141

City-State-Zip: MIAMI BEACH FL 33141

Title

Name WATSON, ROBERT

Address 179 NORTH SHORE DR #5 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.

Electronic Signature of Signing Officer/Director Detail