## 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000006216

Entity Name: AVALON PARK AT AVE MARIA NEIGHBORHOOD

ASSOCIATION. INC.

**Current Principal Place of Business:** 

C/O FIRSTSERVICE RESIDENTIAL 5076 ANNUNCIATION CIRCLE 103 AVE MARIA, FL 34142

## **Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL 5076 ANNUNCIATION CIRCLE 103 AVE MARIA, FL 34142 US

FEI Number: 26-0333866 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GOEDE, ADAMCZYK & DEBOEST, PLLC C/O GOEDE, ADAMCZYK & DEBOEST, PLLC 8950 FONTANA DEL SOL WAY STE 100 NAPLES, FL 34109 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: NATHAN MORRIS 09/07/2016

Electronic Signature of Registered Agent Date

**FILED** 

Sep 07, 2016

Secretary of State CC1421509905

Officer/Director Detail:

Title DP Title DVP

Name BROOKS, SCOTT Name BUTLER, PAT

Address 12311 WALDEN CENTER DRIVE Address 12311 WALDEN CENTER DRIVE

STE 300 STE 300

City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: BONITA SPRINGS FL 34142

Title S/T Title COMMUNITY MANAGER

Name RAY, LAURA Name MORRIS, NATHAN

Address 12311 WALDEN CENTER DRIVE Address C/O FIRSTSERVICE RESIDENTIAL

STE 300 5076 ANNUNCIATION CIRCLE 103

City-State-Zip: BONITA SPRINGS FL 34142 City-State-Zip: AVE MARIA FL 34142

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: SCOTT BROOKS PRESIDENT 09/07/2016