

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004351

**Entity Name:** AVALON PARK WEST ACADEMIC VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**FILED  
Apr 15, 2024  
Secretary of State  
9299986081CC**

**Current Principal Place of Business:**

3801 AVALON PARK EAST BLVD.  
SUITE 400  
ORLANDO, FL 32828

**Current Mailing Address:**

3801 AVALON PARK EAST BLVD.  
SUITE 400  
ORLANDO, FL 32828 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

HALLE, ROSS  
3801 AVALON PARK EAST BLVD.  
SUITE 400  
ORLANDO, FL 32828 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 DV  
Name SMITH, TAYLOR M  
Address 1819 GOODWIN STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DP  
Name HALLE, ROSS  
Address 3801 AVALON PARK EAST BLVD.  
SUITE 400  
City-State-Zip: ORLANDO FL 32828

Title DST  
Name DEFILLO, MARYBEL  
Address 3801 AVALON PARK EAST BLVD.  
SUITE 400  
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: MARYBEL DEFILLO**

**VP**

**04/15/2024**

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

\_\_\_\_\_  
Date