

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000000354

**Entity Name:** AVATAR NON-PROFIT, INC.

**Current Principal Place of Business:**

237 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

237 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 87-4558425

**Certificate of Status Desired:** No

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

DECARLO, PAULA  
888 BENCHWOOD DRIVE  
WINTER SPRINGS, FL 32708 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 CHAPPELL, MIKEN  
Address 237 N. WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP  
Name DECARLO, PAULA  
Address 237 N. WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title S  
Name RICHARDSON, TINA  
Address 237 N. WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title T  
Name RICHARDSON, TINA  
Address 237 N. WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** PAULA D. DECARLO

VP FINANCE

02/08/2023

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

\_\_\_\_\_  
Date