

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001702

Entity Name: AVONDALE AT BEAR LAKES PROPERTY OWNERS
ASSOCIATION, INC.

FILED
Apr 23, 2025
Secretary of State
0221326113CC

Current Principal Place of Business:

C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US

FEI Number: 59-3541081

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IGLESIAS LAW GROUP P.A.
15800 PINES BLVD
PEMBROKE PINES, FL 33027 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: DAVID IGLESIAS

04/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MITNIK, JOHN
Address C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name PINO, ADRIAN
Address C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TREASURER
Name NELLI, FRANK
Address C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY
Name MILLER, NORMAN
Address C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

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: ADRIAN PINO

PRESIDENT

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date