

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002447

**Entity Name:** AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY INC.

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC5789155607**

**Current Principal Place of Business:**

AVALON DRIVE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

P.O. BOX 560912  
ROCKLEDGE, FL 32956-0912 US

**FEI Number:** 20-1894147

**Certificate of Status Desired:** No

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

KLEMM, RUSSELL E  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751 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 DIRECTOR  
Name SHUFORD, JOHN M  
Address 1310 AVALON DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT  
Name JOHNSON, DANIEL C  
Address 1312 CAMELOT CIRCLE  
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER  
Name ABELN, MARSHA L  
Address 1323 AVALON DR  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name DEMENDONCA, RYAN  
Address 1314 AVALON DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name CAPRIOLI, GEORGE  
Address 1300 AVALON DR  
City-State-Zip: ROCKLEDGE FL 32955

*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: MARSHA ABELN**

**TREASURER**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date