

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002447

**Entity Name:** AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY INC.**FILED**  
**Mar 20, 2013**  
**Secretary of State**  
**CC4262411687****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:**SHUFORD, JOHN M  
1310 AVALON DRIVE  
ROCKLEDGE, FL 32955 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	PD	Title	VPD
Name	SHUFORD, JOHN M	Name	MACIK, JOSEPH J
Address	1310 AVALON DRIVE	Address	1311 AVALON DR
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	TD	Title	D
Name	ABELN, MARSHA L	Name	MACIK, JONI K
Address	1323 AVALON DR	Address	1311 AVALON DR
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	D	Title	D
Name	CAPRIOLI, GEORGE	Name	KUNZE, SONJA M
Address	1300 AVALON DR	Address	1322 ARTHUR COURT
City-State-Zip:	ROCKLEDGE FL 32955	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: JOHN M. SHUFORD****PRESIDENT****03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date