

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

DOCUMENT# N95000002447

**Entity Name:** AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.**Current Principal Place of Business:**1312 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:** Yes**Name and Address of Current Registered Agent:**RUSSELL E. KLEMM, ESQ., C/O CLAYTON & MCCULLOH, P.A.  
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:** RUSSELL E. KLEMM, ESQ.

04/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MEDEIROS, CATRINA
Address	1312 AVALON DRIVE
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	SECRETARY
Name	CORTAZZO, ANNA D
Address	1303 AVALON DR.
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	CAMPBELL, ANITA
Address	1305 AVALON DRIVE
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	DIRECTOR
Name	HUTCHINS, MARIE
Address	1317 AVALON DRIVE
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 L ABELN**TREASURER**

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date