DOCUMENT# N9500002447 Entity Name: AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY INC. Current Principal Place of Business: AVALON DRIVE ROCKLEDGE, FL 32955

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

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

FEI Number: 20-1894147

Name and Address of Current Registered Agent:

KLEMM, RUSSELL E 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

| | Title | DIRECTOR | Title | PRESIDENT |
|--|-----------------|------------------------------|-----------------|------------------------------|
| | Name | SHUFORD, JOHN M | Name | JOHNSON, DANIEL C |
| | Address | 1310 AVALON DRIVE | Address | 1312 CAMELOT CIRCLE |
| | City-State-Zip: | ROCKLEDGE FL 32955 | City-State-Zip: | ROCKLEDGE FL 32955 |
| | | | | |
| | | | | |
| | Title | TREASURER | Title | DIRECTOR |
| | Title Name | TREASURER ABELN, MARSHA L | Title Name | DIRECTOR DEMENDONCA, RYAN |
| | | | | |
| | Name | ABELN, MARSHA L | Name | DEMENDONCA, RYAN |

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

05/01/2019

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 01, 2019 ITY Secretary of State 2354071118CC