

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

DOCUMENT# N98000004403

**Entity Name:** AVALON PARK PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809**Current Mailing Address:**6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809**FEI Number: 59-3569797****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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 P  
Name LERRET, STEPHANIE  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title S  
Name KOLBRICH, BRENDA  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title D  
Name HALLE, ROSS  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title D  
Name CARROLL, DEBORAH  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title T  
Name HAGAN, JOHN P  
Address 6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title D  
Name KAHLI, BEAT  
Address 6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title D  
Name CARROLL , JACQUELINE  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

*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: STEPHANIE LERRET****PRESIDENT****03/28/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date