

2014 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 HODSON, STEPHANIE
Address 6972 LAKE GLORIA BLVD.
City-State-Zip: ORLANDO FL 32809

Title VP
Name MILLER, JOSEPH
Address 6972 LAKE GLORIA BLVD.
City-State-Zip: ORLANDO FL 32809

Title T
Name ALEXANDROU, JOHN
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 KAHLI, BEAT
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 DIRECTOR
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 HODSON**PRESIDENT****04/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date