

2018 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	SECRETARY
Name	GERARD, ANGELA
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	COLLAZO, VICTOR
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	T
Name	CARROLL, DEBORAH
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****04/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date