

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 181032

FILED  
Jan 19, 2011  
Secretary of State

**Entity Name:** AVONDALE APARTMENTS, INC

**Current Principal Place of Business:**

10170 COLLINS AVE  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10170 COLLINS AVE  
#9  
BAL HARBOUR, FL 33154

**New Mailing Address:**

10170 COLLINS AVE  
BAL HARBOUR, FL 33154

**FEI Number:** 59-0745155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAIN-ALFONSO, JOSE M P  
10170 COLLINS AVE,  
9  
BAL HARBOUR, FL 33154 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TAIN-ALFONSO, JOSE M P  
Address: 10170 COLLINS AVE.  
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: S  
Name: GREVE-ISDAHL, RAANHILD  
Address: 10170 COLLINS AVE #6  
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: P  
Name: TAIN-ALFONSO, JOSE M P  
Address: 10170 COLLINS AVE #9  
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: VP  
Name: FEAGAN, THOMAS A  
Address: 10170 COLLINS AVE. #2  
City-St-Zip: BAL HARBOUR,, FL 33154 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE TAIN-ALFONSO

PRES

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date