

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90019 011 \*\*\*\*61.25

<b>DOCUMENT # 720100</b> 1. Entity Name <b>THE AVALON ASSOCIATION, INC.</b>					
Principal Place of Business <b>D&amp;B PROP. MGMT SUITE 220 TAMARAC, FL 33321</b>			Mailing Address <b>D&amp;B PROP. MGMT SUITE 220 TAMARAC, FL 33321</b>		
2. Principal Place of Business - No P.O. Box # <b>7300 W. McNab Rd.</b>			3. Mailing Address <b>7300 W. McNab Rd.</b>		
Suite, Apt. #, etc. <b>Suite 220</b>			Suite, Apt. #, etc. <b>Suite 220</b>		
City & State <b>TAMARAC, FL</b>			City & State <b>TAMARAC, FL</b>		
Zip <b>33321</b>		Country <b>US</b>		4. FEI Number <b>59-1381787</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VALANCY, STEVEN S 311 SE 13 STREET FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent Name <b>Property Management Partners</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 W. McNab Rd. #220</b> City <b>TAMARAC</b> FL <b>33321</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE <b>3/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, BARBARA 860 SW 54 AVE MARGATE, FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T JOHNSON, KERRY 1840 NW 107 TERR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, VERONICA 1840 NW 107 TERR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, DAISHA 7421 KIMBERLY 101 C NORTH LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  DATE <b>2/14/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					