#### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999

DOCUMENT # 728324

### AVON TERRACE CONDOMINIUM ASSOCIATION, INC.

ncipal	Place	of	Business

Mailing Address

# FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90085 023 \*\*\*\*61.25

717 NE 125 North Miai	STREET 717 NE 125 STREET AI FL 33161 NORTH MIAMI FL 33161										
Principal	Place of Business	2a. Mailing Address				3. Date Income	orated or Qualife				
<u> </u>		26	•			01/24/19	74	<b>3</b> 0			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	4 EEI Number				
City 9 Ct-		27				08-91865			<del>  -  </del>	pplied For	
City & State  Zip Country  25		City & State  28  Zip Country			5.0-45.4	\$8.75 Additional					
					5. Certificate of Status Desired Fee Required						
					6. Election Can	npaign Financing		\$5.00	May Be		
<u> </u>	9. Name and Address of Current	29	30	,		Trust Fund C	ontribution	· 🗀	hehhΔ	to Fees	
*	And Address of Culterin	Registered Agent		81	Name	10. Name and A	ddress of New	Registered	l Agent		
DALEY, A	NGEL A			"	Name			•			
717 NF 1	25TH STREET			82	Street Add	lress (P.O. Box Numi	per is Not Accer	table)			
	11AMI FL 33161			83							
110111111111111111111111111111111111111	aram 1.5 22 (0)			03							
				84	City		<del></del>	FL	85 Zip (	Code	
	to the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligation		ithorized ida Statu	by thutes.	e corporatio	on's board of director	s. I hereby acce	purpose of the appoint	changing its intment as re	registered gistered	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent si	ignature require	d when reinstating)	<del></del>	DATE		<del></del>	
E	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CI	HANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12	
E	PD Daley, David	☐ DELETE	1.1 TIT	LE					Change	Addition	
EET ADORESS	DALET, DAVID		1.2 NA	WE	-				_ •		
	P.O. BOX 321123 N/A		1.3 STF	REETAD	DRESS				,		
-ST-ZIP	COCOA BEACH FL 32932 SD		1.4 CIT	Y-ST-Z	iP				٠.	•	
E	DALEY, ANGELA	☐ DELETE	2.1 TTT	LE		1 7			Change	Addition	
EET ADDRESS	717 NE 125TH STREET		2.2 NA	ME	}					<u> </u>	
-ST-ZIP	N. MIAMI FL 33161		2.3 STF	REETAD	DRESS		•	•			
-31-21	D			Y-ST-Z	JP						
	DALEY, BERNARD	☐ DELETE	3.1 TITL	Æ	ł				Change	☐ Addition	
ET ADDRESS	717 NE 125TH STREET		3.2 NAM	ΛE							
	N. MIAMI FL 33161		3.3 STR		` J						
<del></del>	15. 14B 4HI 1 C 30 (0)	☐ DELETE	3.4. CIT		P			·	*		
ĺ		T pereis	4.1 TITL	_	1				☐ Change	☐ Addition	
ET ADDRESS			4. 2 NAM								
ST-ZIP			4.3 STR								
		☐ DELETE	4.4 CITY		<u> </u>						
1		C) DCLETE	5.1 TYTLE 5.2 NAMI		1				Change	Addition	
ETADORESS			ľ	-	NDEGO /						
ST-ZIP			5.3 STRE		l l					-	
		☐ DÉLETE	5.4 CITY- 6.1 TITLE	_		<u> </u>	· · · · · ·		· .	<u> </u>	
ļ		ED DECE IS	6.2 NAME				•	V	☐ Change	Addition	
TADORESS		i	6.3 STRE		DEGE					1	
ST-ZIP			0.5 SIRE	ADD	14.00		•		42	}	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SNATURE: SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNATURE OF DIRECTOR

FEB. 2, 1999 891-6212