

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 90225 036 ****61.25

DOCUMENT # **728324**

1. Entity Name

AVON Terrace Condominium Assoc, Inc,
56 Camden Drive 56 Camden Dr

Principal Place of Business

Mailing Address

56 Camden Drive 56 Camden Drive
Bal Harbour, Fla. 33154 Bal Harbour
Fl. 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

089-18-6540

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Daley, Angela
56 Camden Drive
Bal Harbour, Fl. 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | David Daley | |
| STREET ADDRESS | P.O. Box 32123 | |
| CITY-ST-ZIP | Cocoa Beach, Fla. 32932 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | Daley, Angela | |
| STREET ADDRESS | 56 Camden Drive | |
| CITY-ST-ZIP | Bal Harbour, Fla 33154 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Daley, Bernard | |
| STREET ADDRESS | 56 Camden Drive | |
| CITY-ST-ZIP | Bal Harbour, Fla. 33154 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Daley **4/25/2001**

365 891 6212

CR2E037 (11/00)