


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90111 047 ****61.25

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| DOCUMENT # 746230 |  |
| 1. Entity Name AVALON PLACE CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 4539 SE 6TH PL 2B CAPE CORAL, FL 33904 | Mailing Address 4539 SE 6TH PL 2B CAPE CORAL, FL 33904 |
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| 2. Principal Place of Business 4543 SE 6th PL. | 3. Mailing Address 4543 SE 6th PL. |
| Suite, Apt. #, etc. 2F | Suite, Apt. #, etc. 1F |

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|---------------------------------------|---------------------------------------|
| City & State CAPE CORAL, FL | City & State CAPE CORAL, FL |
|---------------------------------------|---------------------------------------|

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|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33904 | Country USA | Zip 33904 | Country USA |
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01082006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-2174652 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent COTTRELL, JAMES L 1714 CAPE CORAL PKWY CAPE CORAL, FL 33904 | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|-----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINEZ, JACK 4543 SE 6TH PLACE, 1-F CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JUAQUIN MARTINEZ 4543 SE 6th PL. 1F CAPE CORAL, FL. 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BLANCHARD, NANCY 4539 SE 6TH PLACE 2-B CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOM IANNACCI 4539 SE 6th PL. 2-B CAPE CORAL, FL. 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGERS, ED 4543 SE 6TH PLACE 2-F CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | YD FRANK CORRAO 4543 SE 6th PL. 2-D CAPE CORAL, FL. 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Juan Martinez / JUAQUIN MARTINEZ 2/16/06 239-218-3593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #