

FILE NOTE: FILING FEE AFTER MAY 1 IS \$100.00

APPROVED AND FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750662 (9)
1. Corporation Name
AVON ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 307 ADAMS AVE. CAPE CANAVERAL FL	Mailing Address 307 ADAMS AVE. CAPE CANAVERAL FL
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2. Principal Place of Business 21	2a. Mailing Address 26
3. Suite, Apt. #, etc. 22	3a. Suite, Apt. #, etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29
6. Country 25	6a. Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1980	3a. Date of Last Report 08/11/1994
4. FEI Number 59-2260535	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**HARDICK MICHAEL
1254 LAKE DR.
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature of person or persons authorized to sign for the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARDICK MICHAEL	12 NAME	
STREET ADDRESS	1254 LAKE DR.	13 STREET ADDRESS	
CITY, ST, ZIP	COCOA FL 32922	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARDICK RUDOLPH	22 NAME	
STREET ADDRESS	1254 LAKE DR.	23 STREET ADDRESS	
CITY, ST, ZIP	COCOA FL 32922	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GOODRICH, MONTGOMERY	32 NAME	
STREET ADDRESS	1254 LAKE DR.	33 STREET ADDRESS	
CITY, ST, ZIP	COCOA FL 32922	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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 12 or Block 13 and checked, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. HARDICK

4/1-2/1/1 407 784 4410
TAXPAYER'S PHONE #