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Secretary of State
05-06-1999 90108 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756227

1. Corporation Name
AVALON CONDOMINIUM ASSOCIATION, INC.

573165 - 90029 - 19

Principal Place of Business	Mailing Address
735 SOUTH A1A DEERFIELD BEACH FL 33441	735 SOUTH A1A DEERFIELD BEACH FL 33441

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
02/06/1981

4. FEI Number
59-2145659
☐ 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

9. Name and Address of Current Registered Agent

BERKELEY RESORTS MANAGEMENT
3045 POLYNESIAN ISLES BLVD.
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name CARL H. CONRAD, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable) 1500 NW. 3RD ST. #106
83
84 City DEERFIELD FL 85 Zip Code 33442

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Carl H. Conrad 6-2-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	CECH, HARRIETT		1.2 NAME	Harriett Cech	
STREET ADDRESS	7007 NW 81ST PLACE		1.3 STREET ADDRESS	7007 NW 81st Place	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	Tamarac, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	CONRAD, CARL		2.2 NAME	Carl Conrad	
STREET ADDRESS	1500 NW 3RD ST.		2.3 STREET ADDRESS	1500 NW 3rd Street	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-1608		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442-1608	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MINETTI, BARBARA A		3.2 NAME		
STREET ADDRESS	9125C SW 20TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-5068		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl H. Conrad PRES. CARL H. CONRAD PRES. 4-3-99 954-429-322-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #