

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90161 005 ****61.25

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DOCUMENT # 756227

1. Entity Name

AVALON CONDOMINIUM ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2145659

Applied For

Not Applicable

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

**CONRAD, CARL H
1500 NW 3RD ST #106
DEERFIELD BEACH FL 33442**

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: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **HETTINGER, SCOTT**
STREET ADDRESS **375 NW 97TH LANE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ Change ☒ Addition
NAME **WINNER HENRY**
STREET ADDRESS **9582 LANCASTER PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33434-2741**

TITLE **PD** ☐ Delete
NAME **CONRAD, CARL**
STREET ADDRESS **1500 NW 3RD ST.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442-1608**

TITLE **D** ☐ Change ☒ Addition
NAME **CHESLAK JOHN**
STREET ADDRESS **8741 NW 17TH PLACE**
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **TD** ☐ Delete
NAME **MINETTI, BARBARA A**
STREET ADDRESS **9125C SW 20TH PLACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33324-5068**

TITLE **D** ☐ Change ☒ Addition
NAME **LENCZICKI ISAAC**
STREET ADDRESS **15443 FLORAL CLUB ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, typed or printed name of signing officer or director

01-21-02 561-265-3560

CR2E037 (9/01)