2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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

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01102005 No Chg-NP CR2E037 (10/03)

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

MINETTI, BARBARA
1125 SW 20TH PLACE
FORT LAUDERDALE, FL 33324-5068

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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: Barbara Minetti 1-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MINETTI, BARBARA A
STREET ADDRESS	9125C SW 20TH PLACE
CITY-ST-ZIP	FT. LAUDERDALE, FL 333245068
TITLE	D
NAME	WINNER, HENRY
STREET ADDRESS	9582 LANCASTER PLACE
CITY-ST-ZIP	BOCA RATON, FL 334342741
TITLE	D
NAME	CHESLAK, JOHN
STREET ADDRESS	8741 NW 17TH PLACE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	PD
NAME	LENCZICKI, ISAAK
STREET ADDRESS	15443 FLORAL CLUB ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80104-015 61.25

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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: Barbara Minetti 1-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #