

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 756227**

1. Entity Name  
**AVALON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**735 SOUTH A1A  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**735 SOUTH A1A  
DEERFIELD BEACH, FL 33441**



01212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

1-24-08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MINETTI, BARBARA A  
9125C SW 20TH PLACE  
FT. LAUDERDALE, FL 333245068**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WINNER, HENRY  
9582 LANCASTER PLACE  
BOCA RATON, FL 334342741**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LENCZICKI, ISAAK  
15443 FLORAL CLUB ROAD  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000809159  
02/08/08-80011-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Barbara Minetti BARBARA MINETTI* 1/24/08 954-427-6611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #