

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756227

FILED
Jan 13, 2009
Secretary of State

Entity Name: AVALON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

735 SOUTH A1A
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

735 SOUTH A1A
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 59-2145659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINETTI, BARBARA
1125 SW 20TH PLACE
FORT LAUDERDALE, FL 333245068 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MINETTI, BARBARA A
Address: 9125C SW 20TH PLACE
City-St-Zip: FT. LAUDERDALE, FL 333245068

Title: D () Delete
Name: WINNER, HENRY
Address: 9582 LANCASTER PLACE
City-St-Zip: BOCA RATON, FL 334342741

Title: D () Delete
Name: CHESLAK, JOHN
Address: 8741 NW 17TH PLACE
City-St-Zip: PLANTATION, FL 33322

Title: PD () Delete
Name: LENCZICKI, ISAAK
Address: 15443 FLORAL CLUB ROAD
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MINETTI

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01/13/2009

Electronic Signature of Signing Officer or Director

Date