

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY -3 PM 1:51

**DOCUMENT # 767839**

1. Corporation Name

AVALON HOME AND PROPERTY OWNERS ASSOCIATION, INC.

**REINSTATEMENT** 89-2012

400234556744  
05/03/12--01005--013 \*\*1645.00

2. Principal Office Address - No P.O. Box #  
**16605 SANDHILL RD**

3. Mailing Office Address  
**P.O. Box 103**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER GARDEN, FL**

City & State

**Oakland, FL**

Zip

**34787**

Country

**USA**

Zip

**34760**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida **3-15-1983**

5. FEI Number  
**59-2885627**

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Paul Allen**

Street Address (P.O. Box Number is Not Acceptable)

**17000 Red Bird Road**

Suite, Apt. #, Etc.

City

**Winter Garden**

State

**FL**

Zip Code

**34787**

**MAY 04 2012**

**T. CAULEY**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Paul J. Allen*

Date **4/26/2012**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | Carol Johnson                        | 16605 Sandhill Rd.                                | Winter Garden, FL 34787 |
| T      | Paul Allen                           | 17000 Red Bird Rd.                                | Winter Garden, FL 34787 |
| S      | Kathy Sheerin                        | 2450 Williams Rd.                                 | Winter Garden, FL 34787 |
| D      | David Netzorg                        | 17525 Seidner Rd.                                 | Winter Garden, FL 34787 |
| D      | Jane Ferguson                        | 17701 Davenport Rd.                               | Winter Garden, FL 34787 |
| D      | Cheryl Good                          | 17743 Phil C. Peters Rd.                          | Winter Garden, FL 34787 |

10. E-mail Address: **ahpoa4@yahoo.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

*Paul J. Allen*

**4/26/2012**

**321-388-8016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #