

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 29, 2007 08:00 A
RECEIVED JAN 19 2007
Secretary of State

DOCUMENT # K37368

1. Entity Name

AVANTI PROPERTY CORPORATION



Principal Place of Business

923 N. PENNSYLVANIA
WINTER PARK FL 32789

Mailing Address

923 N. PENNSYLVANIA
WINTER PARK FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2919842

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

SCHWARTZ, CHARLES
923 N. PENNSYLVANIA AVE.
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHWARTZ, CHARLES
STREET ADDRESS 923 N. PENNSYLVANIA AVE.
CITY-STATE-ZIP WINTER PARK FL 32789

TITLE VD ☐ Delete
NAME LOEB, DONALD E.
STREET ADDRESS 22 ST CLAIR AVE, E, 1700
CITY-STATE-ZIP TORONTO, ONT., CANADA

TITLE ST ☐ Delete
NAME MORALES, JANET
STREET ADDRESS 923 N. PENNSYLVANIA AVE.
CITY-STATE-ZIP WINTER PARK FL 32789

TITLE VP ☐ Delete
NAME SHAPIRO, M
STREET ADDRESS 923 N. PENNSYLVANIA AVE.
CITY-STATE-ZIP WINTER PARK FL 32789

TITLE AT ☐ Delete
NAME SHERMAN, B
STREET ADDRESS 923 N. PENNSYLVANIA AVE.
CITY-STATE-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Beila Sherman Beila Sherman 3-28-07 4076248488