

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 14, 2012
Secretary of State

DOCUMENT# N00000004166

Entity Name: AVALON BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6719 WINKLER RD. STE. 200
FT MYERS, FL 33919**New Principal Place of Business:****Current Mailing Address:**6719 WINKLER RD. STE. 200
FT MYERS, FL 33919**New Mailing Address:****FEI Number:** 65-1085325**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 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: PD
Name: PALAZZI, FRAN
Address: 6719 WINKLER RD. STE. 200
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: GRAINGER, JOYCE
Address: 6719 WINKLER RD. STE. 200
City-St-Zip: FT MYERS, FL 33919

Title: TD
Name: ROMEO, THOMAS
Address: 6719 WINKLER RD. STE. 200
City-St-Zip: FT MYERS, FL 33919

Title: SD
Name: ALDER, MARLINE
Address: 6719 WINKLER RD. STE. 200
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: BINKERD, ALAN
Address: 6719 WINKLER RD. STE. 200
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: FRAN PALAZZI

PD

08/14/2012

Electronic Signature of Signing Officer or Director

Date