2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 26, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # N00171 1. Entity Name AVANZAR CONDOMINIUM ASSOCIATION, INC.					03-26-2007 90055 025 ****61.25			
Principal Plac 2884 S. OSC ORLANDO, F	EOLA AVENUE	Mailing Address 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806						
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03212007 Ct	ng-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-241756	5	 -	oplied For ot Applicable
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired Sa.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FERDINANDSEN ENTERPRISES INC.				Name				
2884 S. OSCEOLA AVENUE ORLANDO, FL 32806				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	le
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								
		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIF	ECTORS	11.			S TO OFFICERS	S AND DIRECTORS IN	_
TITLE	PD	Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	GARCIA, ANGEL 1995 EL DORADO CT		NAME	T ADDRESS 21	180, 00A9 1000017	//U b (20A)	Δ	
CITY-ST-ZIP	SAINT CLOUD, FL 34771				LANDO, FL			
TITLE	PD	Delete	THILE	TD	•		☐ Change	Addition
NAME	BUTTS, FRED		NAME	FE	RNANAEZ 9/ HONOUA	, WILL		
STREET ADDRESS	2153 HENQIR ROAD		4	TADDRESS 2 /C	of Honory	ROAA		
CITY-ST-ZIP	ORLANDO, FL 32839				LAURO, F	L. 320		- A 4400'
TITLE NAME	DV JEFFERSON, CLINT	☐ Delete	TITLE NAME	1 7	י		Change Change	☐ Addition
STREET ADDRESS	2127 HOROUR RD				7 HONOU	E ROAD		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-	ST-ZIP	•			
TITLE	SD	☐ Delete	TITLE				Change	■ Addition
NAME	GAINES, MARSHA		NAME	I				
STREET ADDRESS CITY - ST - ZIP	2125 HONOUR ROAD ORLANDO, FL 32839			E1 ADDRESS S1-zip				
	TD	Delete	TITLE				Change	Addition
TITLE NAME	GRANT, RANDALL	(pr Delete	NAME	m	ICEN ZIE	ALPHO	oro game	
STREET ADDRESS	2141 HONOUR ROAD		STREE	ET ADDRESS 🔰 🖊	37 HOW	our R	DAD	
CITY-ST-ZIP	ORLANDO, FL 32839		CfTY-	SI-ZIP	CENZIE 37 HOW LANDO	FL 32	2839	
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME CTREET ADDRESS			NAME STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				S1-ZIP				
12. I hereby certify that the information supplied with this filling 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 it 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.								