

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90008 048 ****61.25

DOCUMENT # N01000007482					
1. Entity Name AVALON ESTATES OF BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12207 OAKVISTA DRIVE BOYNTON BEACH, FL 33437			Mailing Address 12207 OAKVISTA DRIVE BOYNTON BEACH, FL 33437		
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 65-1146725	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. BANK OF AMERICA CENTER 625 N. FLAGLER DRIVE 7TH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME TAYLOR, DEAN STREET ADDRESS 7845 RINEHART DR. CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE Nancy Zuccarello NAME 12088 Oakvista Drive STREET ADDRESS Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME ROSS, MYRON STREET ADDRESS 12220 LANDBUM WAY CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Bilawsky, Mark STREET ADDRESS 7653 Lockhart Way CITY-ST-ZIP Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME FREEMAN, LEONARD STREET ADDRESS 12207 BLAIR AVE. CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		Secretary		
TITLE VPD NAME TAYLOR, DEAN STREET ADDRESS 7845 RINEHART DR. CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Mike STREET ADDRESS 12220 Landrum Way CITY-ST-ZIP Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME HELTZER, VICTOR STREET ADDRESS 7785 NEW HOLLAND WY CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Cirlin, Ted STREET ADDRESS 7655 New Holland Way CITY-ST-ZIP Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KANZER, MARTIN STREET ADDRESS 12027 BLAIR AVENUE CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		Vice President		
President			President		
12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 2-1-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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