

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007482

FILED
Jan 06, 2009
Secretary of State

Entity Name: AVALON ESTATES OF BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12207 OAKVISTA DRIVE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

12207 OAKVISTA DRIVE
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-1146725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 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: D () Delete
Name: ZUCCARELLO, NANCY
Address: 12088 OAKVISTA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: BILAWSKY, MARK
Address: 7653 LOCKHART HWY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: FREEMAN, LEONARD
Address: 12207 BLAIR AVE.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD () Delete
Name: ROSS, MIKE
Address: 12220 LANDRUM WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: CIRLIN, FRED
Address: 7655 NEW HOLLAND WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KANZER, MARTIN
Address: 12027 BLAIR AVENUE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SLOMIAK, STEVE
Address: 7651 NEW ELLINGTON DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED CIRLIN

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date