

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90037 016 ****61.25

DOCUMENT # N02000004398					
1. Entity Name AVALON LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD STE 475 ORLANDO, FL 32819			Mailing Address 5401 S KIRKMAN RD STE 475 ORLANDO, FL 32819		
2. Principal Place of Business 5401 S. KIRKMAN RD Suite, Apt. #, etc. Ste 450 City & State ORLANDO, FL Zip 32819 Country USA		3. Mailing Address 5401 S. KIRKMAN RD Suite, Apt. #, etc. Ste 450 City & State ORLANDO, FL Zip 32819 Country USA			
4. FEI Number 01-0726879				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MGMT PROF INC 5401 S KIRKMAN RD STE 475 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name COMMUNITY MGMT PROF, INC Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAN RD Suite 450 City ORLANDO, FL Zip Code 32819		
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: <i>[Signature]</i> President Community Management Professionals, Inc. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOOKER, MARCUS P 5511 HANSEL AVE ORLANDO, FL 3209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUSSELL, DOUGLAS R 5511 HANSEL AVE ORLANDO, FL 3209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SECRIST, ROBERT L III 5511 HANSEL AVE ORLANDO, FL 3209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> Agent for Assoc. 3/15/04 407-923-9769 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					