

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90050 046 ****61.25

DOCUMENT # N02000004398					
1. Entity Name AVALON LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819			Mailing Address 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819		
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 01-0726879	
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 450 ORLANDO, FL 32819			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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD	NAME BRADFORD, PHILIP	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Rene Flores	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13724 MIRROR LAKE DR	ORLANDO, FL 32828		STREET ADDRESS 13333 EARLY FROST CIR.	ORLANDO, FL 32828	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE VPD	NAME KOHRS, SAMUEL J	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	NAME RAFAEL CORDERO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13754 OCEAN PINE CIRCLE	ORLANDO, FL 32828		STREET ADDRESS 1248 COSTA CREEK	ORLANDO, FL 32828	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE SD	NAME BRUCATO, KAREN	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	NAME Gil Disia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13539 EARLY FROST CIRCLE	ORLANDO, FL 32828		STREET ADDRESS 1243 COSTA CREEK	ORLANDO, FL 32828	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE TD	NAME MURPHY, MAUREEN	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	NAME JASON RUBINSTEIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13369 EARLY FROST CIRCLE	ORLANDO, FL 32828		STREET ADDRESS 13926 MORNING FROST DR	ORLANDO, FL 32828	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE D	NAME TORRES, ORLANO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1454 SPRING FEST LANE	ORLANDO, FL 32828		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE President	NAME Hobie Fisher	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13824 Dove wing Court	Orlando, FL 32828		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Orlando, FL 32828		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 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:			1/25/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		