


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000004398		
1. Entity Name AVALON LAKES HOMEOWNERS ASSOCIATION, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -3 AM 9:18

Principal Place of Business 55 EAST PINE STREET ORLANDO, FL 32801 US	Mailing Address 55 EAST PINE STREET ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # KATZMAN GARFINKEL	3. Mailing Address 1501 NW 49ST
Suite, Apt. #, etc. 2ND FLOOR	Suite, Apt. #, etc. 2ND FLOOR
City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33309	Country US

05282008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0726879

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LARSEN & ASSOCIATES 55 EAST PINE STREET ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent

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 obligation of registered agent.

SIGNATURE LEIGH C. KATZMAN, ESQ. DATE 06-23-08
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKENSON, SABRINA 1312 WILLOW BRANCH ORLANDO, FL 32828	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOCH, EDWARD 918 WILLOW BRANCH ORLANDO, FL 32828	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, SHERRI 1238 WILLOW BRANCH ORLANDO, FL 32828	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGER KRISHNA 14241 SAPPHIRE BAY CIR ORLANDO FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO CUNA 13936 OCEAN PINE CIR ORLANDO FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBART FISHER 13824 DOVE WING CT ORLANDO FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY ROBINSON 13625 SUMMER BAY DR ORLANDO FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	300132472983 07/08/08--01021--014 **61.25	<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
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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: Sabrina Dickenson DATE 5/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR