

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90176 047 ****61.25

DOCUMENT # N03000005041

1. Entity Name
AVALON ELEMENTARY PTO, INC.



Principal Place of Business

**13500 TANJA KING BLVD
ORLANDO, FL 32828 US**

Mailing Address

**13500 TANJA KING BLVD
ORLANDO, FL 32828 US**

DO NOT WRITE IN THIS SPACE



02122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
11-3683748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHURR, LISA A SUSAN GREGORY
203 MALTA ROAD 2474 RIDGEMOOR DR
ORLANDO, FL 32828**

**DO NOT WRITE
IN THIS SPACE**

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: *Susan Gregory* SUSAN GREGORY 2-26-06
Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALVARADO, PEGGY
STREET ADDRESS 14910 HAWKSMOOR RUN CIRLE
CITY-ST-ZIP ORLANDO, FL 32828

TITLE VP
NAME SCHURR, LISA
STREET ADDRESS 203 MALTA ROAD
CITY-ST-ZIP ORLANDO, FL 32828

TITLE T
NAME GREGORY, SUSAN
STREET ADDRESS 2474 RIDGEMOOR DR
CITY-ST-ZIP ORLANDO, FL 32828

TITLE S
NAME DELUCA, LAURIE
STREET ADDRESS 14932 HARTFORD DR
CITY-ST-ZIP ORLANDO, FL 32828

TITLE S
NAME CAPLAN, HOPE
STREET ADDRESS 2420 RIVER RISA COURT
CITY-ST-ZIP ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Susan Gregory* SUSAN GREGORY 2-26-06 321-235-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #