

2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 030 ****61.25

DOCUMENT # N03000007512		
1. Entity Name AVIAN PLACE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 27499 RIVERVIEW CENTER BLVD. SUITE 207 BONITA SPRINGS, FL 34134	Mailing Address 27499 RIVERVIEW CENTER BLVD. SUITE 207 BONITA SPRINGS, FL 34134
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2. Principal Place of Business - No P.O. Box # Adm Property Services	3. Mailing Address P.O. Box 6036
Suite, Apt. #, etc. 4303 AVIAN AVE	Suite, Apt. #, etc.
City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip 33914	Country USA



04052008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0191103		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent INDEPENDENT MANAGEMENT, LLC 27499 RIVERVIEW CENTER BLVD SUITE 207 BONITA SPRINGS, FL 33934		7. Name and Address of New Registered Agent Name Adm Property Services, Inc Street Address (P.O. Box Number is Not Acceptable) 4303 AVIAN AVE City FT. MYERS, FL Zip 33916

8. The above named entity submits this report 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 *Andrea Cleet* DATE 4/5/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAYSON, HAL 27499 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS - ANDREW CEGELSKI 4213 AVIAN AVE FT. MYERS, FL 33916 ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAZUR, JOE 27499 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT'Y GERALD KING 4292 AVIAN AVE FT. MYERS, FL 33916 ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, HOWARD 27499 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, HOWARD 4267 AVIAN AVE FT. MYERS, FL 33916 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCASSICO, DENISE 27499 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DEBORAH 4257 AVIAN AVE FT. MYERS, FL 33916 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEET, ANDREA 27499 RIVERVIEW CENTER BLVD. BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CLEET, ANDREA 4303 AVIAN AVE FT. MYERS, FL 33916 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, BILL 27499 RIVERVIEW CENTER BLVD BONITA SPRINGS, FL 34134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

Andrea Cleet - ANDREA CLEET 4/5/08 239-939-0809