



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000007512 1. Entity Name AVIAN PLACE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business ADM PROPERTY SERVICES 4303 AVIAN AVE FORT MYERS, FL 33916		Mailing Address PO BOX 6036 FORT MYERS, FL 33911	
2. Principal Place of Business - No P.O. Box # Schoo Management Inc Suite, Apt. #, etc. 4303 Avian Ave City & State Fort Myers FL Zip 33916		3. Mailing Address Schoo Management, Inc Suite, Apt. #, etc. 9411 Cypresslake Dr Ste 2 City & State Fort Myers FL Zip 33919	
			
		FILED 08 SEP -8 AM 8:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		08212008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-0191103 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 ADM PROPERTY SERVICES INC 4303 AVIAN AVE FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name Bob Gelles / Schoo Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 9411 Cypresslake Drive Ste 2 City Fort Myers FL Zip Code 33919	
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 <u><i>Robert E. Gelles</i></u> <u><i>Robert E. Gelles / CAM</i></u> <u><i>8/29/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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	T CEGELSKI, ANDREW STREET ADDRESS 4213 AVIAN AVE CITY-ST-ZIP FORT MYERS, FL 33916	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200136271102 09/23/08--01049--015 **\$61.25
TITLE	SEC KING, GERALD STREET ADDRESS 4292 AVIAN AVE CITY-ST-ZIP FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P King, Gerald 4292 Avian Ave Fort Myers, FL 33918
TITLE	VP THOMAS, HOWARD STREET ADDRESS 4267 AVIAN AVE CITY-ST-ZIP FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition B Mike Pascura 4315 Avian Ave Fort Myers, FL 33918
TITLE	D JOHNSON, DEBORAH STREET ADDRESS 4257 AVIAN AVE CITY-ST-ZIP FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Johnson, Deborah 4257 Avian Ave Fort Myers, FL 33918
TITLE	P CLEET, ANDREA STREET ADDRESS 4303 AVIAN AVE CITY-ST-ZIP FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition B Bill Osborne 3501 Archlight Circle Fort Myers, FL 33918
TITLE		<input type="checkbox"/> Delete	<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: <u><i>Gerald King</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>8/25/08</i></u> <small>Date</small>	

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