

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 #
School Management Inc
Suite, Apt. #, etc.
4303 Avian Ave
City & State
Fort Myers FL
Zip 33916 Country USA

3. Mailing Address
School Management, Inc
Suite, Apt. #, etc.
9411 Cypress Lake Dr Ste 2
City & State
Fort Myers FL
Zip 33919 Country USA

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 To School Management Inc.
Street Address (P.O. Box Number is Not Acceptable)
9411 Cypress Lake 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert E. Gelles/Car 8/29/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEGELSKI, ANDREW
4213 AVIAN AVE
FORT MYERS, FL 33916

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
KING, GERALD
4292 AVIAN AVE
FORT MYERS, FL 33916

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
THOMAS, HOWARD
4267 AVIAN AVE
FORT MYERS, FL 33916

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOHNSON, DEBORAH
4257 AVIAN AVE
FORT MYERS, FL 33916

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CLEET, ANDREA
4303 AVIAN AVE
FORT MYERS, FL 33916

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200136271102
09/23/08-01049-015 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

King, Gerald
4292 Avian Ave
Fort Myers, FL 33918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mike Pascura
4315 Avian Ave
Fort Myers, FL 33918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Johnson, Deborah
4257 Avian Ave
Fort Myers, FL 33918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Bill Osborne
3501 Arclight Circle
Fort Myers, FL 33918

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.

SIGNATURE: Gerald King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/25/08

JC 9/9