## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007512

FILED Apr 16, 2009 Secretary of State

Entity Name: AVIAN PLACE HOMEOWNERS ASSOCIATION INC.

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
4303 AVIAI	OO MANGEME N AVE ERS, FL 33916	·	9411 CYP	C/O SCHOO MANGEMENT, INC. 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919		
Current Mailing Address:			New Mail	New Mailing Address:		
C/O SCHOO MANAGEMENT, INC. 9411 EXPRESS LAKE DRIVE, SUITE 2 FORT MYERS, FL 33919 US			9411 CYP	C/O SCHOO MANAGEMENT, INC. 9411 CYPRESS LAKE DRIVE, SUITE 2 FORT MYERS, FL 33919 US		
FEI Number:	20-0191103	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
C/O ROBE 9411 EXPF FORT MYE The above	ANAGEMENT FRT GELLES RESS LAKE DI ERS, FL 33919 named entity se of Florida.	RIVE, SUITE 2 9 US	C/O ROB 9411 CYP FORT MY	ERS, FL 339	ORIVE, SUITE 2	
SIGNATUF					04/16/2009	
Electronic Signature of Registered Agent			ent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	T () CEGELSKI, AN 4213 AVIAN AV FORT MYERS,	E	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	P () KING, GERALD 4292 AVIAN AV FORT MYERS,	E	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PASCURA, MIK 4315 AVIAN AV	ENUE	Title: Name: Address: City-St-Zip:	PASCURA, M 4315 AVIAN A	VENUE	
Title: Name: Address: City-St-Zip:	VP () JOHNSON, DEE 4257 AVIAN AV FORT MYERS,	E	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title:	D ()	Delete	Title: Name:	D (	X) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E GELLES CAM 04/16/2009