

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007512

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** AVIAN PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SCHOO MANGEMENT, INC.  
9411 CYPRESS LAKE DR SUITE 2  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE, SUITE 2  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 20-0191103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOO MANAGEMENT, INC.  
C/O ROBERT GELLES  
9411 CYPRESS LAKE DRIVE, SUITE 2  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S/T  
Name: CEGELSKI, ANDREW  
Address: 4213 AVIAN AVE  
City-St-Zip: FORT MYERS, FL 33916

Title: D  
Name: KRISOLOFSKY, DAVE  
Address: 4222 AVIAN AVE  
City-St-Zip: FORT MYERS, FL 33916

Title: DVP  
Name: JOHNSON, DEBORAH  
Address: 41 MAPLE DR EAST  
City-St-Zip: MAYVILLE, NY 14757

Title: P  
Name: HASEMEYER, RHEA  
Address: 4228 AVIAN AVE  
City-St-Zip: FORT MYERS, FL 33916

Title: SD  
Name: LACASCIO, DENISE  
Address: 4273 AVIAN AVE  
City-St-Zip: FORT MYERS, FL 33916

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E GELLES

CAM

04/04/2011

Electronic Signature of Signing Officer or Director

Date