2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2012
Secretary of State

DOCUMENT# N03000007512

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: PINO, PATRICIA
Address: 4292 AVIAN AVE
City-St-Zip: FT 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 GELLES CAM 04/04/2012

Electronic Signature of Signing Officer or Director — Date