


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90108 019 ****61.25

DOCUMENT # N04000002246		
1. Entity Name AVELLINO ISLES CONDOMINIUM ASSOCIATION INC		

Principal Place of Business 75 VINEYARDS BLVD. NAPLES, FL 34119	Mailing Address 75 VINEYARDS BLVD. NAPLES, FL 34119
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40120004



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07092007 Chg-NP CR2E037 (12/06)

4. FEI Number 14-1906478	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROGERS, ROBERT 75 VINEYARDS BLVD. NAPLES, FL 34119		Name PMP of SW Florida, Inc.	
		Street Address (P.O. Box Number is Not Acceptable) 75 Vineyards Blvd.	
		3rd Floor	
		City Naples	FL Zip Code 34119

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

Anthony Tirella *Anthony Tirella, Property Manager*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by September 14, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAADEH, MICHEL 75 VINEYARDS BLVD. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ROGERS, ROBERT 75 VINEYARDS BLVD. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Michel Saadeh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #