

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2011
Secretary of State

Entity Name: AVELLINO ISLES CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:

75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 14-1906478 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PMP OF SW FLORIDA, INC
75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119 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: P
Name: MANNIK, REIN
Address: 542 AVELLINO ISLES CIRCLE #10202
City-St-Zip: NAPLES, FL 34119 US

Title: VP
Name: VERRASTRO, RALPH
Address: 533 AVELLINO ISLES CIRCLE #32102
City-St-Zip: NAPLES, FL 34119 US

Title: T
Name: MORGAN, WILLIAM
Address: 580 AVELLINO ISLES CIRCLE #18301
City-St-Zip: NAPLES, FL 34119 US

Title: S
Name: GRAHAM, ANN
Address: 533 AVELLINO ISLES CIRCLE #32101
City-St-Zip: NAPLES, FL 34119

Title: D
Name: MAZZUCCO, RON
Address: 546 AVELLINO ISLES CIRCLE #11201
City-St-Zip: NAPLES, FL 34119

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: REIN MANNIK

P

02/08/2011

Electronic Signature of Signing Officer or Director

Date