

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007488

FILED  
Feb 24, 2010  
Secretary of State

Entity Name: AVALON PRESERVE MASTER ASSOCIATION, INC.

## Current Principal Place of Business:

REALTY SERVICES  
2525 PARKWAY STREET  
FORT MYERS, FL 33901

## New Principal Place of Business:

C/O FAMILY PROPERTY SERVICES, INC.  
1330 RAIL HEAD BOULEVARD, STE 4  
NAPLES, FL 34110

## Current Mailing Address:

REALTY SERVICES  
2525 PARKWAY STREET  
FORT MYERS, FL 33901

## New Mailing Address:

C/O FAMILY PROPERTY SERVICES, INC.  
1330 RAIL HEAD BOULEVARD, STE 4  
NAPLES, FL 34110

FEI Number: 20-1893889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REALTY SERVICES  
2525 PARKWAY STREET  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

FAMILY PROPERTY SERVICES, INC.  
1330 RAIL HEAD BOULEVARD, STE 4  
NAPLES, FL 34110 US

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: RICHARD C. SHERWOOD, JR.

02/24/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: KOZAK, MICHAEL  
Address: 11800 BAYPORT LN #2604  
City-St-Zip: FORT MYERS, FL 33908

Title: V  
Name: DANESHMAND, ALEX  
Address: 16018 THORNWOOD DR  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: SMITH, DEBORAH  
Address: 11953 AVALON PRESERVE BLVD  
City-St-Zip: FORT MYERS, FL 33908

Title: T  
Name: ZORDAN, ANTHONY  
Address: 11860 BAYPORT LN #1801  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: DUFFIN, JOSEPH  
Address: 16048 THORNWOOD DR  
City-St-Zip: FORT MYERS, FL 33908

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: MICHAEL KOZAK

P

02/24/2010

Electronic Signature of Signing Officer or Director

Date