

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2011
Secretary of State

Entity Name: ACCESSIBLE SOLUTIONS AT AVALON PARK, INC.

Current Principal Place of Business:

661 HIGHLAND DR.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

661 HIGHLAND DR.
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 86-1113333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINI, MIKE
661 HIGHLAND DRIVE
ALTAMONTE SPRINGS, FL 32701 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: D
Name: KAHLI, BEAT M
Address: 3680 AVALON PARK EAST BOULEVARD, STE 300
City-St-Zip: ORLANDO, FL 32828

Title: D
Name: MARINI, DONNA
Address: 661 HIGHLAND DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: CAMERON, MICHAEL
Address: 661 HIGHLAND DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: MARINI, MIKE
Address: 661 HIGHLAND DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: KAVIANI, SUMMER
Address: 661 HIGHLAND DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: DEUTSCH, PAUL
Address: 661 HIGHLAND DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: MIKE MARINI

D

03/01/2011

Electronic Signature of Signing Officer or Director

Date