

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90008 011 ****61.25

DOCUMENT # N04000007830

1. Entity Name
AVALON PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
**979 BEACHLAND BLVD
VERO BEACH, FL 32963**

Mailing Address
**979 BEACHLAND BLVD
VERO BEACH, FL 32963**



02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1647730	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

**MARINE, CHRISTOPHER H
979 BEACHLAND BLVD
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS LACHNITT, CARL A 2020 OLD DIXIE HWY SE STE 6 VERO BEACH, FL 32962
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAZEL, DOUGLAS E P.O. BOX 1879 WASHINGTON, MO 63090
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SMITH, STEPHEN T 2020 OLD DIXIE HWY SE STE 7 VERO BEACH, FL 32962
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: Stephen T. Smith, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 772.563.0307
Date Daytime Phone #