

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010332

FILED
Jun 12, 2007
Secretary of State

Entity Name: AVALON OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8750 GLADIOLUS DRIVE, #12
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

8750 GLADIOLUS DRIVE, #12
FORT MYERS, FL 33908

New Mailing Address:

20533 BISCAYNE BLVD.
494
AVENTURA, FL 33180

FEI Number: 30-0303758 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 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: PD () Delete
Name: ZUKERMAN, HAIM
Address: 8750 GLADIOLUS DRIVE, #12
City-St-Zip: FORT MYERS, FL 33908

Title: VD (X) Delete
Name: ZUKERMAN, RON
Address: 8750 GLADIOLUS DRIVE, #12
City-St-Zip: FORT MYERS, FL 33908

Title: VTD (X) Delete
Name: ZUSPANN, MARGE
Address: 8750 GLADIOLUS DRIVE, #12
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZUKERMAN, HAIM
Address: 20533 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAIM M. ZUKERMAN

PRES

06/12/2007

Electronic Signature of Signing Officer or Director

Date