5/1/2006-90436-001-$61.25-$61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUN -9 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000056

1. Entity Name
AVONDALE GROVE OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4300 WEST CYPRESS STREET, SUITE 150 TAMPA, FL 33607	4300 WEST CYPRESS STREET, SUITE 150 TAMPA, FL 33607

04152006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
401 S. ALBANY AVE	401 S. ALBANY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA, FL
Zip: 33606 Country:	Zip: 33606 Country:

4. FEI Number: 20-3992254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEINER, NELSON C 4300 WEST CYPRESS STREET, SUITE 150 TAMPA, FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) 401 S. ALBANY AVE City TAMPA FL Zip Code 33606

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

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEINER, NELSON C 4300 WEST CYPRESS STREET, SUITE 150 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	401 S. ALBANY AVE TAMPA, FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEINER, MATTHEW C 4300 WEST CYPRESS STREET, SUITE 150 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	401 S. ALBANY AVE TAMPA, FL 33606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CRIMALDI, TERRI 4300 WEST CYPRESS STREET, SUITE 150 TAMPA, FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STEINER, ALFRED II 401 S ALBANY AVE TAMPA, FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JC 6/13	☐ Change ☐ Addition

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 addition, with all other like empowered.

SIGNATURE: _____ 6/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #