

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004106

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE AVALON AT CLEARWATER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1220 SOUTH MISSOURI AVE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

28100 US HWY 19 NORTH STE 305
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-2212765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT, INC.
28100 US HWY 19 NORTH STE 305
CLEARWATER, FL 33761 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: T () Delete
Name: MILLS, JAMES
Address: 175 BERWICK LANE
City-St-Zip: FRANKLIN, TN 37069

Title: VPS () Delete
Name: SULLIVAN, BRIAN
Address: 1238 SOUTH MISSOURI AVENUE SUITE 104
City-St-Zip: CLEARWATER, FL 33756

Title: P () Delete
Name: COSENZA, CAROLE
Address: 5185 KENWOOD COURT
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: VASQUEZ, DONNA
Address: 1240 S MISSOURI AVE SUITE 408
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HAMILTON, RICHARD
Address: 702 CHURCH STREET
City-St-Zip: FLINT, MI 48502

Title: PD (X) Change () Addition
Name: SULLIVAN, BRIAN
Address: 1238 SOUTH MISSOURI AVENUE SUITE 104
City-St-Zip: CLEARWATER, FL 33756

Title: VPD (X) Change () Addition
Name: KOWENSKI, JACK
Address: 10190 109TH STREET
City-St-Zip: SEM INOLE, FL 33772

Title: SD (X) Change () Addition
Name: VASQUEZ, DONNA
Address: 1240 S MISSOURI AVE SUITE 408
City-St-Zip: CLEARWATER, FL 33756

Title: D () Change (X) Addition
Name: ASHLEY, GARY
Address: 3412 EAST BRISTOL ROAD
City-St-Zip: BURTON, MI 48529

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: BRIAN SULLIVAN

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date