2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N05000005611

Entity Name: THE HOMEOWNERS' ASSOCIATION OF AVALON VILLAGE, INC.

Current Principal Place of Business:

4315 PABLO OAKS CT - STE 1
JACKSONVILLE, FL 32224

New Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

Current Mailing Address:

4315 PABLO OAKS CT - STE 1
JACKSONVILLE, FL 32224

New Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

FEI Number: 01-0846719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFITH, R. SCOTT
10329 CROSS CREEK BLVD
STE M
TAMPA, FL 33647 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: GRIFFITH, R. SCOTT
Address: 10329 CROSS CREEK BLVD - STE M
City-St-Zip: TAMPA, FL 33647

Title: VPD ( ) Delete
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS CT - STE 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete
Name: HARDIN, JENNIFER L
Address: 4315 PABLO OAKS CT - STE 1
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRIFFITH, R. SCOTT
Address: 10329 CROSS CREEK BLVD, STE M
City-St-Zip: TAMPA, FL 33647

Title: DV (X) Change ( ) Addition
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS CT, STE 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: DS (X) Change ( ) Addition
Name: HARDIN, JENNIFER L
Address: 4315 PABLO OAKS CT, STE 1
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER L HARDIN S 04/26/2006

Electronic Signature of Signing Officer or Director — Date