2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000005611

Current Principal Place of Business:

4315 PABLO OAKS COURT

Apr 27, 2006 Secretary of State

New Principal Place of Business:

3434 COLWELL AVENUE

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

Current Mailing Address:	New Mailing Address:
JACKSONVILLE, FL 32224	TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIFFITH, R. SCOTT

10329 CROSS CREEK BLVD

STE M

TAMPA, FL 33647 US

RIZZETTA @ COMPANY, INC.

3434 COLWELL AVENUE

SUITE 200

TAMPA, FL 33614 US

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: WILLIAM J. RIZZETTA 04/27/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change() Addition

Name: GRIFFITH, R. SCOTT Name:

 Address:
 10329 CROSS CREEK BLVD, STE M
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

Title: DV () Delete Title: () Change () Addition

 Name:
 FREDENHAGEN, SHARON W
 Name:

 Address:
 4315 PABLO OAKS CT, STE 1
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 HARDIN, JENNIFER L
 Name:

 Address:
 4315 PABLO OAKS CT, STE 1
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

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: R. SCOTT GRIFFITH DP 04/27/2006