


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90200 026 ****70.00

DOCUMENT # N05000006234 1. Entity Name PARK AVENUE ESTATES HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 623 SARITA ST SANFORD, FL 32773			Mailing Address 623 SARITA ST SANFORD, FL 32773			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number <i>Applied For</i>		
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DOYLE, JAMES M 623 SARITA ST SANFORD, FL 32773				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D DOYLE, JAMES M 31405 STATE ROAD 46 SORRENTO, FL 32776		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	764 Silversmith Circle LAKE Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINN, CHAD 2138 TORTOISE SHELL DR MAITLAND, FL 32751		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2595 Upper Park Road Orlando, FL 32814	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROMBETTI, NATHAN 2367 ENTERPRISE-OSTEEN RD DELTONA, FL 32738		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.						
SIGNATURE: <i>James M. Doyle</i> James M. Doyle 4-20-06 (407) 302-2172						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						