

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009495

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** THE AVALON OF ORANGE COUNTY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

425 NORTH FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

4417 S. SEMORAN BLVD  
ORLANDO, FL 32822

**Current Mailing Address:**

425 NORTH FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

4417 S. SEMORAN BLVD  
ORLANDO, FL 32822

FEI Number: 20-4445899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FRIEDMAN, HARRIS  
425 NORTH FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009 US

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

VARGAS, JOSHUA  
4417 S. SEMORAN BLVD  
ORLANDO, FL 32822 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: JOSHUA VARGAS

04/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HIRSCH, HERBERT  
Address: 425 NORTH FEDERAL HIGHWAY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD ( ) Delete  
Name: FRIEDMAN, HARRIS  
Address: 425 NORTH FEDERAL HIGHWAY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: STD ( ) Delete  
Name: BIRDMAN, LOUIS  
Address: 425 NORTH FEDERAL HIGHWAY  
City-St-Zip: HALLANDALE BEACH, FL 33009

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

Title: PD (X) Change ( ) Addition  
Name: VARGAS, JOSHUA  
Address: 4417 S. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change ( ) Addition  
Name: JEANNE, FIELD  
Address: 4417 S. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: STD (X) Change ( ) Addition  
Name: MAHONEY, TIM  
Address: 4417 S. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

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: TIM MAHONEY

STR

04/19/2007

Electronic Signature of Signing Officer or Director

Date