

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90203 001 \*\*\*450.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       |                                                                                            |                                                                                                                                         |                                                                   |  |
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| <b>DOCUMENT # N06000004776</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                            |                                                                                                                                         |                                                                   |  |
| <b>1. Entity Name</b><br>AVALON ESTATES OF MERRITT ISLAND HOMEOWNERS ASSOCIATION INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                            |                                                                                                                                         |                                                                   |  |
| <b>Principal Place of Business</b><br>180 MAR LEN DR<br>MELBOURNE BEACH, FL 32951 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                            | <b>Mailing Address</b><br>180 MAR LEN DR<br>MELBOURNE BEACH, FL 32951 US                                                                |                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | <b>3. Mailing Address</b>                                                                  |                                                                                                                                         |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | Suite, Apt. #, etc.                                                                        |                                                                                                                                         |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       | City & State                                                                               |                                                                                                                                         |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                               | Zip                                                                                        | Country                                                                                                                                 | 03012008 Chg-NP CR2E037 (12/06)                                   |  |
| <b>4. FEI Number</b><br>26-2245432<br>APPLIED FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                            |                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |                                                                                            |                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>DJAN, SIME-<br>180 MAR LEN DR<br>MELBOURNE BEACH, FL 32951                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                            |                                                                                                                                         |                                                                   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                            |                                                                                                                                         |                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                |  |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                            |                                                                                                                                         |                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                            |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | P<br>DJAN, SIME<br>180 MAR LEN DR<br>MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete        |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TRES<br>BENS, STEVEN P<br>180 MAR LEN DR<br>MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                       |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                       |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                       |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |                                                                                                       |                                                                                            |                                                                                                                                         |                                                                   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE FOR-EMPOWERED PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |                                                                                            | Date: 3/1/08<br><small>Daytime Phone #</small>                                                                                          |                                                                   |  |

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