

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006377

FILED  
Jan 24, 2008  
Secretary of State

**Entity Name:** AVALON CONDOMINIUM UNITS ASSOCIATION, INC.

**Current Principal Place of Business:**

9491 SW 14TH AVE.  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

9491 SW 14TH AVE.  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKS, DANIEL  
421 S. PINE AVE.  
OCALA, FL 34474 US

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

ASHCROFT, LISA M  
9491 SW 14TH AVENUE  
OCALA, FL 34476 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: LISA M ASHCROFT

01/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ASHCROFT, LISA M.  
Address: 9491 SW 14TH AVE.  
City-St-Zip: OCALA, FL 34476

Title: VP ( ) Delete  
Name: ASHCROFT, DAVID C.  
Address: 9491 SW 14TH AVE.  
City-St-Zip: OCALA, FL 34476

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LISA M ASHCROFT

PS

01/24/2008

Electronic Signature of Signing Officer or Director

Date