

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-01-2007 90009 043 ****70.00

DOCUMENT # N06000007782 1. Entity Name AVIANO CARRIAGE HOMES II CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																											
Principal Place of Business % TOLL BROTHERS, INC. 28341 S. TAMiami TRAIL, SUITE 4 BONITA SPRINGS, FL 34134		Mailing Address % TOLL BROTHERS, INC. 28341 S. TAMiami TRAIL, SUITE 4 BONITA SPRINGS, FL 34134																																																																																																																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address																																																																																																																																																									
City & State Cardinal Management Group of South Florida, Inc. 5067 Tamiami Trail East Naples, FL 34113		Country 																																																																																																																																																									
Zip 		4. Fil Number 20-5277250																																																																																																																																																									
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For Not Applicable																																																																																																																																																									
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																									
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees.																																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																																											
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																											