

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007782

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** AVIANO CARRIAGE HOMES II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CARDINAL MGMT GROUP, S. FLORIDA INC  
5067 TAMIAMI TRAIL E.  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

CARDINAL MGMT GROUP, S. FLORIDA INC  
5067 TAMIAMI TRAIL E.  
NAPLES, FL 34113

**New Mailing Address:**

FEI Number: 20-5277250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CARDINAL MANAGEMENT GROUP  
5067 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KNOX, MIKE  
Address: 12855 CARRINGTON CIRCLE STE 101  
City-St-Zip: NAPLES, FL 34105

Title: V ( ) Delete  
Name: BIRD, AUDREY  
Address: 12851 CARRINGTON CIRCLE STE 204  
City-St-Zip: NAPLES, FL 34105

Title: ST ( ) Delete  
Name: DESPAGNA, JOHN  
Address: 12854 CARRINGTON CIRCLE STE 102  
City-St-Zip: NAPLES, FL 34105

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

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

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: MIKE KNOX

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date