


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State


04-29-2008 90076 033 ****70.00

DOCUMENT # N06000007784	
1. Entity Name AVIANO COACH HOMES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business CARDINAL MGMT GROUP OF SOUTH FL. INC. 5067 TOMIAMI TRAIL EAST NAPLES, FL 34113	Mailing Address CARDINAL MGMT GROUP OF SOUTH FL. INC. 5067 TOMIAMI TRAIL EAST NAPLES, FL 34113
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40000000



04102008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5277224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARDINAL MGMT GROUP 5067 TOMIAMI TRAIL EAST NAPLES, FL 34113		Name Street Address (P.O. Box Number is Not Acceptable) 5067 Tomiami Trail East 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 *Garice Miller CAM Managing Agent* DATE 4-23-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRETE, JOHN <input type="checkbox"/> Delete 12835 CURRINGTON CIR. #202 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12835 Carrington Circle #202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZULANCH, DON <input type="checkbox"/> Delete 12831 CURRINGTON CIR. #201 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12831 Carrington Circle #201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOERICH, BONNIE <input type="checkbox"/> Delete 12819 CURRINGTON CIR. #202 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12819 Carrington Circle #202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Garice Miller* DATE 4-23-08 DAYTIME PHONE # 239-774-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR