

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2007 90009 044 \*\*\*\*70.00

<b>DOCUMENT # N06000007791</b> 1. Entity Name <b>AVIANO CARRIAGE HOMES I CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>% TOLL BROTHERS, INC.</b> <b>28341 S. TAMiami TRAIL SUITE 4</b> <b>BONITA SPRINGS, FL 34134</b>		Mailing Address <b>% TOLL BROTHERS, INC.</b> <b>28341 S. TAMiami TRAIL SUITE 4</b> <b>BONITA SPRINGS, FL 34134</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>Cardinal Management Group of South Florida, Inc.</b> City & State <b>5067 Tamiami Trail East Naples, FL 34113</b> Zip		3. Mailing Address Country	
4. FEI Number <b>20-5277191</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01192007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>Cardinal Management Group</b> Street Address (P.O. Box Number is Not Acceptable) <b>5067 Tamiami Trail East</b> City <b>APM: Dana Fulker Naples FL 34113</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. SIGNATURE <u><i>Dana M Fulker</i></u> DATE <u>4-16-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCZULAK, RYAN 28341 S. TAMiami TRAIL, SUITE 4 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PAT MANGIN 12862 Carrington Cir #201 Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FANNING, BROCK 28341 S. TAMiami TRAIL, SUITE 4 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES JOHN BLISS 12862 Carrington Cir #104 Naples, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WORKWEEK, KATIE 28341 S. TAMiami TRAIL, SUITE 4 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS An gelis Seangas 12883 Carrington Cir #102 Naples, FL 34105 <input type="checkbox"/> Change <input checked="" 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
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: <u><i>Pat Mangin</i></u>		Date <u>4-25-07</u> Daytime Phone <u>239-774-0723</u>	

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