2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000007791

1. Entity Name
AVIANO CARRIAGE HOMES I CONDOMINIUM



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

04-29-2008 90076 035 ****70.00

ASSOCIA	ATION, INC.								
Principal Place of Business CARDINAL MGMT GROUP 5067 TAMIAMI TRAIL E. WEST PALM BEACH, FL 33413		Mailing Address CARDINAL MGMT GROUP 5067 TAMIAMI TRAIL E. WEST PALM BEACH, FL 33413			i (114), 11, 11, 11	III I 1 888 18 80 18 88 48 0	II 11 88 1188 1188 1188 1	1 10267 1151161 BJ 1061	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102008	Chg-NP	CR2E037 (12	2/06)	
City & State		City & State			4. FEI Number 20-5277	191		Applied For Not Applicab	ole
Zip	Country	Zip	Country		5. Certificate of	Status Desired		5 Additional Required	
2-7	6. Name and Address of Current F	legistered Agent		•	7. Name and A	ddress of New R	egistered Agent		
CARDINAL MONT CROUD			Name						
CARDINAL MGMT GROUP 5067 TAMIAMI TRAIL E. PLANTATION, FL 33324		Street		ddress (F	dress (P.O. Box Number is Not Acceptable)				
,	·								
			City				FL Z	ip 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.							pt		
SIGNATURE Signature, typeographined 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, 2008									
e de la companya de l	· -	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees	I	lake check pay ida Departmen		
10	Due by May 1, 2008	Trust Fund Cor	ntribution.	<u> </u>	Added to Fees	Flor	ida Departmen	t of State	
10.	· -	Trust Fund Cor			Added to Fees	Flor	RS AND DIRECT	t of State	on
	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Cor	ntribution.	1 V P	Added to Fees	Flor	ida Departmen	t of State	on
TITLE	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Cor	11.	1380 W!/ ND	Added to Fees IDDITIONS/CHAN Le Widio Carrin	NGES TO OFFICE	ida Departmen	t of State	on
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12. I hereby certify that the information supplied with this filling 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:

19 × Q SIGNATURE AND EFPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR