



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90253 010 \*\*\*\*61.25

<b>DOCUMENT # N07000001537</b>			
1. Entity Name <b>THE INDUSTRIAL PARK AT AVONLEA OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>14 SE SAILFISH LANE STUART, FL 34996</b>		Mailing Address <b>14 SE SAILFISH LANE STUART, FL 34996</b>	
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
8. Name and Address of Current Registered Agent <b>WAXLER, CAROL S 14 SE SAILFISH LANE STUART, FL 34996</b>		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JOHN 2104 NW 22ND AVE 9-109 STUART, FL 34994 <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	D WACHA, FRANK A JR 3860 NE CHERI DR JENSEN BEACH, FL 34957 <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	DS CARTWRIGHT, TOM 10 PERIWINKLE CIRCLE STUART, FL 34996 <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	DP MARTEL, HANNAH PO BOX 969 JENSEN BEACH, FL 34957 <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	D WAXLER, CAROL S 14 SE SAILFISH LANE STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WAXLER, CAROL S.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATERSON, PEGGY 14 SE SAILFISH LANE STUART, FL 34996 <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:  Director		3/12/08 772-287-4404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Carol S. Waxler</b>		Date Devenue Please #	

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01092008 Chg-NP CR2E037 (12/06)

4. FEI Number ☒ Applied For  
☒ Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required