

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004161

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** AVALON PARK COMMERCIAL PARCEL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2632 MANDAN TRAIL  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

2632 MANDAN TRAIL  
WINTER PARK, FL 32789

**New Mailing Address:**

PO BOX 536428  
ORLANDO, FL 32853

**FEI Number:** 26-3970402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, WARREN E  
312 WING LANE  
WINTER PARK, FL 32789 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: D ( ) Delete  
Name: WILLIAMS, WARREN E  
Address: 312 WING LANE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: SCHWARTZ, RONALD N  
Address: 2632 MANDAN TRAIL  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: DEWITT, STEPHEN J  
Address: 3361 ROUSE ROAD SUITE 235  
City-St-Zip: ORLANDO, FL 32817

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

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

Title: D (X) Change ( ) Addition  
Name: SCHWARTZ, RONALD N  
Address: PO BOX 536428  
City-St-Zip: ORLANDO, FL 32853

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: RONALD N SCHWARTZ

D

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date