2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2008
Secretary of State

DOCUMENT# N23136

Entity Name: AVONDALE HOMEOWNER'S ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

10017 LEAFWOOD DRIVE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14662
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2899538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMIG, CHRISTINE G CPA
10017 LEAFWOOD DRIVE
TALLAHASSEE, FL 32312 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: PD ( ) Delete
Name: WIMMER, KENT
Address: 1294 AVONDALE WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD ( ) Delete
Name: BESSETTE, KEVIN
Address: 1317 BLAKEMORE COURT EAST
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD ( ) Delete
Name: JONES, AMY
Address: 1531 BLOCKFORD COURT EAST
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD ( ) Delete
Name: WHETSTONE, DEBBIE
Address: 1426 AVONDALE WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: EVANS, HOLLY
Address: 1327 AVONDALE WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: MOSTYN, JONATHAN
Address: 1536 ALSHIRE COURT NORTH
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: METZ, LYNNE
Address: 1310 AVONDALE WAY
City-St-Zip: TALLAHASSEE, FL 32317

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: KENT L. WIMMER PD 03/01/2008

Electronic Signature of Signing Officer or Director — Date