

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23136

FILED  
Mar 04, 2010  
Secretary of State

**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:**

1531 BLOCKFORD CT E.  
TALLAHASSEE, FL 32317 US

**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:**

JONES, AMY M JD  
1531 BLOCKFORD CT E  
TALLAHASSEE, FL 32317 US

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: AMY M. JONES

03/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JONES, AMY  
Address: 1531 BLOCKFORD COURT EAST  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD  
Name: JEONG, ALLAN  
Address: 1348 ALSHIRE COURT SOUTH  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD  
Name: HARRISON, FRANK  
Address: 1322 ALSHIRE COURT SOUTH  
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD  
Name: RIECHMANN, MICHAEL  
Address: 1639 ALSHIRE COURT NORTH  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: ELLIS, MICHAEL  
Address: 1314 AVONDALE WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: SUTPHIN, GLENN JR  
Address: 1521 AVONDALE WAY  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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 all other like empowered.

SIGNATURE: AMY M. JONES

PD

03/04/2010

Electronic Signature of Signing Officer or Director

Date