


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90020 050 \*\*\*\*61.25

<b>DOCUMENT # N24531</b>					
1. Entity Name AVONDALE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2920 SE 23RD AVE OCALA, FL 34471		Mailing Address 2920 SE 23RD AVE OCALA, FL 34471 US			
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	4. FEI Number 59-2955569	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLOYD, STEPHEN D T 2212 SE 29TH ST OCALA, FL 34471			Name VITALE, BONNIE		
			Street Address (P.O. Box Number is Not Acceptable) 2203 SE 28th PLACE		
			City OCALA, FL Zip Code 34471		
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.					
SIGNATURE <i>Bonnie Vitale</i>		<i>Bonnie Vitale</i>		DATE 1.10.08	
Signature, typed or printed 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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P TAYLOR, ROBERT P 2202 SE 29TH OCALA, FL 34471 <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	S SMITH, ELIZA T 2940 SE 23RD AVE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, EVELYN D. 2319 S.E. 30th ST. OCALA, FL 34471 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOYD, STEPHEN D T 2212 SE 29TH ST OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VITALE, BONNIE 2203 S.E. 28th PL. OCALA, FL 34471 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTON, JACKIE D 2725 SE 23RD AVE OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DESIREE D 2923 SE 23RD AVE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMARSH, TODD 2315 SE 30th ST. OCALA, FL 34471 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <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: <i>Robert P. Taylor</i>		<i>Robert P. Taylor</i>		DATE 01-10-08 352.237.2181	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	