2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N24531

Entity Name: AVONDALE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2920 SE 23RD AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2920 SE 23RD AVE
OCALA, FL 34471 US

New Mailing Address:

2920 SE 23RD AVE
OCALA, FL 34471

FEI Number: 59-2955569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITALE, BONNIE
2203 SE 28TH PLACE
OCALA, FL 34471 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: P ( ) Delete
Name: TAYLOR, ROBERT P
Address: 2202 SE 29TH
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete
Name: SMITH, EVELYN D
Address: 2319 SE 30TH STREET
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete
Name: VITATE, BONNIE
Address: 2203 SE 28TH PLACE
City-St-Zip: OCALA, FL 34471

Title: V ( ) Delete
Name: CROTON, JACKIE D
Address: 2725 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: WHITMARSH, TODD
Address: 2315 SE 30TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CONDON, GREN
Address: 2323 SE 30TH ST
City-St-Zip: OCALA, FL 34471

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

Title: T (X) Change ( ) Addition
Name: VITALE, BONNIE
Address: 2203 SE 28TH PLACE
City-St-Zip: OCALA, FL 34471

Title: V (X) Change ( ) Addition
Name: STALZER, BERNE
Address: 2831 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

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: BONNIE VITALE T 01/21/2009
Electronic Signature of Signing Officer or Director — Date