

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29177

FILED  
Mar 08, 2010  
Secretary of State

**Entity Name:** AVALON OWNERSHIP ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1 PL  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1 PL  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-2990974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE, FL 32607 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: DV  
Name: DUNHAM, NICK  
Address: 8411 SW 19 N  
City-St-Zip: GAINESVILLE, FL 32607

Title: DST  
Name: MATHEWS, JAMES  
Address: 8610 SW 23RD PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: D  
Name: ZUMBERG, LISA  
Address: 8525 SW 23RD PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: D  
Name: COBLE, DON  
Address: 1626 SW 82ND TER  
City-St-Zip: GAINESVILLE, FL 32607

Title: DP  
Name: WYSZKOWSKI, ALEJANDRO  
Address: 1627 SW 82ND TER  
City-St-Zip: GAINESVILLE, FL 32607

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: ALEJANDRO WYSZKOWSKI

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03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date