


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90024 009 \*\*\*\*61.25

<b>DOCUMENT # N32410</b> 1. Entity Name <b>THE AVIARY HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>100 RIVERBRIDGE BLVD. WEST PALM BEACH, FL 33413</b>			Mailing Address <b>1928 LAKEWORTH ROAD LAKE WORTH, FL 33461</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0319750</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DICKER, KRIVOK &amp; STOLOFF, P.A.</b> <b>1818 AUSTRALIAN AVENUE SOUTH, SUITE 400</b> <b>WEST PALM BEACH, FL 33409</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
			<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>CASTLEMAN, BERNIE</b> <b>181 HARBOR LAKE CIR</b> <b>WEST PALM BEACH, FL 33413</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete <b>MOSHER, JANET</b> <b>144 HARBOR LAKE CIR</b> <b>WEST PALM BEACH, FL 33413</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete <b>GROOB, IRWIN</b> <b>117 HARBOR LAKE CIR</b> <b>WEST PALM BEACH, FL 33413</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>BRONSWIG, RONALD</b> <b>119 HARBOR LAKE CIRCLE</b> <b>WEST PALM BEACH, FL 33413</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FASS, MYRA</b> <b>161 HARBOR LAKE CIR</b> <b>WEST PALM BEACH, FL 33413</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RONALD LAPORTE</b> <b>182 HARBOR LAKE CIRCLE</b> <b>WEST PALM BEACH, FL 33413</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>IRWIN KAHN</b> <b>153 HARBOR LAKE CIRCLE</b> <b>WEST PALM BEACH, FL 33413</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <i>Ronald Bronswig</i> <b>RONALD BRONSWIG</b> 4/13/08 561 693-8791					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					