FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 21 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35602 (4)

1. Corporation Name
AVION PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1111 MAIN STREET BOWLING GREEN FL 33834	RT. 1 BOX 214 BOWLING GREEN FL 33834 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1989
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2935349 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVID FORSTER, ESQ.,
AVION PALMS RESORT, LOT #227
1111 MAIN STREET
BOWLING GREEN FL 33834

10. Name and Address of New Registered Agent

81 Name: FLORENCE M. IZZO
82 Street Address (P.O. Box Number is Not Acceptable): AVION PALMS RESORT LOT 180
83: 1111 MAIN STREET
84 City: BOWLING GREEN FL 85 Zip Code: 33834

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: FLORENCE M. IZZO — Florence M. Izzo — 1/25/95
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when establishing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	X D	☒ Change ☐ Addition
NAME	LOWELL RASMUSSEN,	12 NAME	JERRY BARTHOLOMEW	
STREET ADDRESS	RT. 2, BOX 159A	13 STREET ADDRESS	175 CORRY PLACE,	
CITY-ST-ZIP	NEVIS, MN 56467	14 CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	1VP	21 TITLE	MVP D	☒ Change ☐ Addition
NAME	JERRY BARTHOLOMEW,	22 NAME	BILL CARLYLE	
STREET ADDRESS	175 CORRY PLACE	23 STREET ADDRESS	1810 Ashgrove ST	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	24 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	2VP	31 TITLE	2VP D	☒ Change ☐ Addition
NAME	RICHARD KOSTER,	32 NAME	EVERETT COOPER	
STREET ADDRESS	93 EDGEWATER DRIVE	33 STREET ADDRESS	PO BOX 69 N/A	
CITY-ST-ZIP	FRAMINGTON MA 01701	34 CITY-ST-ZIP	CHAPTICO, MD 20621	
TITLE	S	41 TITLE	S D	☒ Change ☐ Addition
NAME	DAVID FORSTER,	42 NAME	FLORENCE M. IZZO	
STREET ADDRESS	RD #2 BOX 148-3	43 STREET ADDRESS	171 WOHLGEMUTH Rd.	
CITY-ST-ZIP	UNADILLA NY 13849	44 CITY-ST-ZIP	ST JOHNSVILLE, NY 13452	
TITLE	T	51 TITLE	T D	☒ Change ☐ Addition
NAME	LUCILLE FRAZER,	52 NAME	GENE A. SANSONE	
STREET ADDRESS	3406 LAUREL PK HWY.	53 STREET ADDRESS	605 MARSHALL MANOR DRIVE	
CITY-ST-ZIP	HENDERSONVILLE NC 28739	54 CITY-ST-ZIP	SILVER SPRINGS, MD 20905	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	ROBERT MILLER,	62 NAME	LOWELL RASMUSSEN	
STREET ADDRESS	NATO, P.O. BOX 1418	63 STREET ADDRESS	RT 2 BOX 159 A	
CITY-ST-ZIP	SARASOTA FL 34230 N DESIGNATED BY BOARD	64 CITY-ST-ZIP	NEVIS, MN 56467	2/21/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence M. Izzo — FLORENCE M. IZZO — 813 375-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600767