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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N35602** **(4)**

1. Corporation Name

AVION PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1111 MAIN STREET BOWLING GREEN FL 33834	4650 W PALM DR BOWLING GREEN FL 33834-7765 US

3. Date Incorporated or Qualified: 12/11/1989

4. FEI Number: 59-2935349 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1111 West Main St.	26 4650 W. Palm Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Bowling Green, Fl.	28 Bowling Green, Fl.
24 Zip 33834-9765 25 Country Hardee	29 Zip 33834-9765 30 Country Hardee

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ULBRICHT, BETTY J
AVION PALMS RESORT LOT 212
1111 MAIN STREET
BOWLING GREEN FL 33834

10. Name and Address of New Registered Agent

81 Name: Miner, Susan
82 Street Address (P.O. Box Number is Not Acceptable): Avion Palms Resort
83: 4650 W. Palm Dr.
84 City: Bowling Green **FL** 85 Zip Code: 33834-9765

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Miner, Susan — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: January 27, 1998

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BEELAND, JAMES B		1.2 NAME	Beeland, James B.	
STREET ADDRESS	P O BOX 796 - 349 MUSGROVE RD		1.3 STREET ADDRESS	PO Box 796 - 349 Musgrove Rd.	
CITY-ST-ZIP	GRIFFIN GA 96		1.4 CITY-ST-ZIP	Griffin, Ga. 30224-0021	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SHEFFER, JERALD V		2.2 NAME	Burton, Jacqueline	
STREET ADDRESS	4510 N. LANDING DRIVE		2.3 STREET ADDRESS	5810 Manchester Rd.	
CITY-ST-ZIP	MARIETTA GA 30066		2.4 CITY-ST-ZIP	Akron, Ohio 44319	
TITLE	P	☒ DELETE	3.1 TITLE	P/D	☐ Change ☒ Addition
NAME	VAUGHN, RICHARD		3.2 NAME	Reynen, Albert	
STREET ADDRESS	1111 QUEEN LAKE		3.3 STREET ADDRESS	Box 184	
CITY-ST-ZIP	BOWLING GREEN FL 65		3.4 CITY-ST-ZIP	Hollandale, Mn. 56045	
TITLE	SD	☒ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	ULBRICHT, BETTY J		4.2 NAME	Miner, Susan	
STREET ADDRESS	7910 BRYNWOOD COURT		4.3 STREET ADDRESS	2414 Hamburg St.	
CITY-ST-ZIP	LOUISVILLE KY 40291		4.4 CITY-ST-ZIP	Schenectady, NY 12303	
TITLE	T	☒ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	CAMP, LATHENE		5.2 NAME	Camp, Lathene	
STREET ADDRESS	3450 CAMP TRAIL		5.3 STREET ADDRESS	3450 Camp Trail	
CITY-ST-ZIP	ALPHARETTA GA 30201		5.4 CITY-ST-ZIP	Alpharetta, Ga. 30004	
TITLE	D	☒ DELETE	6.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BALLARD, BOBBY L		6.2 NAME	Ribaudo, Salvatore	
STREET ADDRESS	415 RUSTIC COURT		6.3 STREET ADDRESS	846 Ibsen Ave.	
CITY-ST-ZIP	FAIRBORN OH 45324-4131		6.4 CITY-ST-ZIP	Orlando, Fl. 32809	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Susan Miner — SIGNATURE REQUIRED — Susan Miner - Secretary — Jan. 27, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055630