SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35602

1. Corporation Name

AVION PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1111 MAIN STREET BOWLING GREEN FL 33834-765 US	4650 W PALM DR BOWLING GREEN FL 33834-765 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/11/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2935349 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINER, SUSAN AVION PALMS RESORT LOT 212 4650 W PALM DR BOWLING GREEN FL 33834-9765	81 Name: HOUSEHOLDER, SHARON 82 Street Address (P.O. Box Number is Not Acceptable): 1114 BAMBOO LANE 83 84 City: BOWLING GREEN FL 85 Zip Code: 33834

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: Sharon Householder SHARON HOUSEHOLDER, TREAS. 7/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	BEELAND, JAMES B		1.2 NAME	CHARLES CAMP	
STREET ADDRESS	P O BOX 796 - 349 MUSGROVE RD		1.3 STREET ADDRESS	3450 CAMP TRAIL	
CITY-ST-ZIP	GRIFFIN GA 96		1.4 CITY-ST-ZIP	ALPHARETTA, GA. 30004	
TITLE	D	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BURTON, JACQUELINE		2.2 NAME	BURTON, JACQUELINE	
STREET ADDRESS	5810 MANCHESTER RD		2.3 STREET ADDRESS	5810 MANCHESTER RD	
CITY-ST-ZIP	AKRON OH 44319		2.4 CITY-ST-ZIP	AKRON, OH 44319	
TITLE	PD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	REYNEN, ALBERT		3.2 NAME	CHRISTENSON, WILLIAM	
STREET ADDRESS	BOX 184		3.3 STREET ADDRESS	33284 BUGLE RD	
CITY-ST-ZIP	HOLLANDALE MN 12303		3.4. CITY-ST-ZIP	MOTLEY, MN. 56443	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	MINER, SUSAN		4. 2 NAME	HOUSEHOLDER, SHARON	
STREET ADDRESS	2414 HAMBURG ST		4.3 STREET ADDRESS	P.O. BOX 54	
CITY-ST-ZIP	SCHENECTADY NY 12303		4.4 CITY-ST-ZIP	CHESTER, OH 45720	
TITLE	TD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	CAMP, LATHENE		5.2 NAME	IVY, CAREY	
STREET ADDRESS	3450 CAMP TRAIL		5.3 STREET ADDRESS	P.O. BOX 1418	
CITY-ST-ZIP	ALPHARETTA GA 30004		5.4 CITY-ST-ZIP	SARASOTA, FL 34230-1418	
TITLE	VD	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	RIBAUDO, SALVATORE		6.2 NAME	OISTEN, SHARON	
STREET ADDRESS	846 IBSEN AVE		6.3 STREET ADDRESS	1913 SARAH #29	
CITY-ST-ZIP	ORLANDO FL 32809		6.4 CITY-ST-ZIP	ALLEGAN, MI 49010	

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, with all other like empowered.

SIGNATURE: Sharon Householder SIGNATURE REQUIRED SHARON HOUSEHOLDER 7/7/99 941-375-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)