2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90036 049 ****61.25

DOCUMENT # N35602

1. Entity 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 33834-7063 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSEHOLDER, SHARON
1114 BAMBOO LANE
BOWLING GREEN FL 33834

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAMP, CHARLES 3450 CAMP TRAIL ALPHARETTA GA 30004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURTON, JACQUELINE 5810 MANCHESTER RD AKRON OH 44319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD McCREARY, JAMES 1115 BAMBOO LANE BOWLING GREEN, FL 33834-7017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTENSON, WILLIAM 33284 BUGLE RD MOTLEY MN 56443	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOUSEHOLDER, SHARON P.O. BOX 54 CHESTER OH 45720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD IVY, CAREY P.O. BOX 1418 SARASOTA FL 34230-1418	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SELF, JOHN 1114 DATE LANE BOWLING GREEN, FL 33834-7014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OLSTEN, SHARON 1913 SARAH #29 ALLEGAN MI 49010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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.

SIGNATURE: Sharon Householder SHARON HOUSEHOLDER 1/25/00 863-375-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #