

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37478 (7)**  
1. Corporation Name  
**AVIGNON VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: C/O MR. LARRY STARR, 4030 GULF OF MEXICO DRIVE, LONGBOAT KEY FL 34228  
Mailing Address: C/O MR. LARRY STARR, 4030 GULF OF MEXICO DRIVE, LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified: **04/05/1990**  
3a. Date of Last Report: **03/08/1995**  
4. FEI Number: **52-1735768**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **MS. SHARON S. VANDER WULP KANETSKY, MOORE & DEBOER, P.A. 227 NOKOMIS AVENUE SOUTH VENICE, 34284-8767**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARIKH, NIRMAL	
STREET ADDRESS	251 HILLSIDE TERRACE	
CITY - ST - ZIP	KINGSTON NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AIELLO, RALPH	
STREET ADDRESS	35 WESCOTT ST	
CITY - ST - ZIP	OLD TARPAN NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELCH, III M E	
STREET ADDRESS	2601 SOUTH INDIAN MOUND ROAD	
CITY - ST - ZIP	BLOOMFIELD HILLS MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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 in an attachment with an address.

SIGNATURE: Bauky  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Nirmal Parikh Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)