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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N37478

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/05/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

52-1735768

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MS. SHARON S. VANDER WULP KANETSKY, MOORE & DEBOER, P.A. 227 NOKOMIS AVENUE SOUTH VENICE, 34284-8767

81 Name

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

83

84 City

FL

85 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

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 [] DELETE NAME PD PARIKH, NIRMAL STREET ADDRESS 251 HILLSIDE TERRACE CITY-ST-ZIP KINGSTON NY

1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE [] DELETE NAME SD AIELLO, RALPH STREET ADDRESS 35 WESCOTT ST CITY-ST-ZIP OLD TARPAN NJ

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE [] DELETE NAME TD ALBERTO, JOHN STREET ADDRESS 35 DEARBORN DR CITY-ST-ZIP OLD TAPPAN NJ

3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0067090

CR2E037 (11/98)