

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90115 015 ****61.25

DOCUMENT # N37478 1. Entity Name AVIGNON VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5611 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228			Mailing Address P.O. BOX 1607 HOLMES BEACH, FL 34128		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 52-1735768	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONDON, THOMAS 6400 MANATEE AVENUE WEST, STE G BRADENTON, FL 34209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARIKH, NIRMAL 26 ELAINE DRIVE KINGSTON, NY 12401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPILA, BARDEV PO BOX 3600 KINGSTON NY 12402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRONTERA, VERONICA 185 ALBANY AVE KINGSTON, NY 12401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARJA, FERNANDO 830 DAPHNE DRIVE BRANDON, FL 33510		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CONDON, TOM 6400 MANATEE AVE W STE G BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Thomas E. Condon</i> <i>Mgr. Agent</i> <i>4/24/08</i> <i>(941) 779 2225</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					