


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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 52-1735768	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDON, THOMAS 6400 MANATEE AVENUE WEST, STE G BRADENTON, FL 34209			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIKH, NIRMAL		NAME		
STREET ADDRESS	26 ELAINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, NY 12401		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRONTERA, VERONICA		NAME	KAPILA, BARDEV	
STREET ADDRESS	185 ALBANY AVE		STREET ADDRESS	PO BOX 3600	
CITY-ST-ZIP	KINGSTON, NY 12401		CITY-ST-ZIP	KINGSTON NY 12402	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARJA, FERNANDO		NAME		
STREET ADDRESS	830 DAPHNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON, TOM		NAME		
STREET ADDRESS	6400 MANATEE AVE W STE G		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>		Mg. Agent		4/25/08 (941) 779 2225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	