

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 21, 2009  
Secretary of State**

DOCUMENT# N37478

Entity Name: AVIGNON VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5611 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1607  
HOLMES BEACH, FL 34128

**New Mailing Address:**

FEI Number: 52-1735768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONDRON, THOMAS  
6400 MANATEE AVENUE WEST, STE G  
BRADENTON, FL 34209 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARIKH, NIRMAL  
Address: 26 ELAINE DRIVE  
City-St-Zip: KINGSTON, NY 12401

Title: TD ( ) Delete  
Name: BARJA, FERNANDO  
Address: 830 DAPHNE DRIVE  
City-St-Zip: BRANDON, FL 33510

Title: M ( ) Delete  
Name: CONDRON, TOM  
Address: 6400 MANATEE AVE W STE G  
City-St-Zip: BRADENTON, FL 34209

Title: SD ( ) Delete  
Name: BARDEV, KAPILA  
Address: POST OFFICE BOX 3600  
City-St-Zip: KINGSTON, NY 12402

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CONDRON

M

03/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date