

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

*NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49744 (8)

1. Corporation Name

AVENAL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7402 N. 56TH ST.
SUITE 500
TEMPLE TERRACE FL 33617

7402 N. 56TH ST.
SUITE 500
TEMPLE TERRACE FL 33617

3. Date Incorporated or Qualified
07/02/1992

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 5313 Avenal Dr

26 P.O. Box 340463

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Lutz FL

27 Tampa FL

Zip

Zip

24 33549

29 33694

Country

Country

25 Hillsborough

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, EDWARD D.
7402 N. 56TH ST.
SUITE 500
TEMPLE TERRACE FL 33617

81 Name

Susan Anne Walker

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

5313 Avenal Dr

83

84 City

Lutz

FL

85 Zip Code

33549

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 Susan Anne Walker
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-6-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	DST			<input checked="" type="checkbox"/>
	ANDREWS, EDWARD D.	7402 N. 56TH ST., #500	TEMPLE TERRACE FL	
	D			<input type="checkbox"/>
	WALKER, WILLIAM	5313 AVENAL DR	LUTZ FL	
	D			<input checked="" type="checkbox"/>
	PILAWSKI, JO ANN	16609 ROUND OAK DR	TAMPA FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33549		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DST	Susan Anne Walker	5313 Avenal Dr		
			Lutz FL 33549		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	Janet Valasaris	5413 Avenal Dr		
			Lutz FL 33549		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
		600001931456			
		-08/26/96--01010--006			
		***70.00			

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)(b), 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 610, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Susan Anne Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96
Date

813-949-9242
Daytime Phone #