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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001860 (6)

AVONDALE PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 314 NE 3RD STREET 314 NE 3RD STREET 3. Date Incorporated or Qualified **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 04/26/1993 4. FEI Number Applied For 59-0324388 Not Applicable Mailing Address 2. Principal Place of Business \$8.75 Additional П Boy 580235 5. Certificate of Status Desired 029 PASADENA Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? □ No Yes 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HANSON DICKENSON, CAROLINE 82 4 HARVARD CIRCLE 83 WEST PALM BEACH FL 33409 84 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 cooper the original statutes. SIGNATURE (NOTE R and agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. FRS AND DIRECTORS 13. DELETE TITLE PN 1.1 TITLE KLEISLEY, RICHARD NAME 12 NAME 4 HARVARD CIRCLE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME WALSH, MARK E 2.2 NAME 4 HARVARD CIRCLE 2.3 STREET ADORESS STREET ADORESS WEST PALM BEACH FL 33409 2 4 CITY-ST-ZIP City-St-ZiP DELFTE Change ☐ Addition 3.1 TITLE TITLE NAME DICKINSON, CAROLINE S 3.2 NAME 3.3 STREET ADDRESS 4 HARVARD CIRCLE STREET ADDRESS **WEST PALM BEACH FL 33409** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELE1E TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE: Mandalan Man Unostool 2/10/98 407-

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