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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am secretary of State

04-22-1999 90012 032 ****61.25

E gy

1999 DOCUMENT # N9300001860

1. Corporation Name

AVONDALE PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place | e of Business | Mailing Address | | • | |
|--|--|------------------------------------|------------------------------|--|-------------------------------------|
| 229-PASAUENA | PLACE SUITE 100 | "P ○ 80X 960235" | | <u> </u> | |
| ORLANDO FET | 32803 | ORLANDO FL 32856-0235 | | | |
| US | • | US | | I SBBILLET DIE PALEE SELLE GALLE DALLE GALTE GALTE | 20161 651 : 6119 Ellis Seit 1661 |
| 1 | | - | | Į. | |
| | | On Mailing Address | | 3. Date Incorporated or Qualifed | |
| | lace of Business | 2a. Mailing Address | 531010 | | |
| 21 410 | Concord Street East | 26 7.0, 30% | 301010 | 4. FEI Number | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 59 0324388 | Not Applicable |
| 22 | | 27 | | 33 0024000 | \$8.75 Additional |
| City & State | indo, FL | 28 City State land | 3, FC | 5. Certificate of Status Desired | Fee Required |
| Zip 40 | Country Country | Zip 252- | Country | 6. Election Campaign Financing | \$5.00 May Be |
| 24 20 | 8Uク 25 リラ | 29 3280 9 1010 30 | 45 | Trust Fund Contribution | Added to Fees |
| | 9. Name and Address of Current I | Registered Agent | | 10. Name and Address of New Registere | d Agent |
| 81 Name The Helpose Management Group | | | | | |
| | | | | ddress (P.Q. Box Number is Not Acceptable), | - · |
| 229 PASADENA PLACE SUITE 100> | | | | 116 Concord Street | Sast |
| ORLANDO FL 3280 - | | | | | |
| UNLANDO | | | | | eel Zin Codo |
| | • | • | 84 City | 3rlando F | L 85 Zip Code 03 |
| 11. Pursuant | to the provisions of Sections 617 0502 | and 617.1508. Florida Statutes, ti | | amounting authority this statement for the purpose | of changing its registered |
| 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 | | | | | |
| agent. I am familiar with, and account to obligations of, Section 617.0503, Florida Statutes | | | | | |
| SIGNATURE Stgmature, typed or ppinford and or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | 77732 | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | PO | | 1.1 TITLE | | Change _ Addition |
| | DUNN, TOM | | 1.2 NAME | | 3- |
| NAME | 4 HARVARD CIRCLE | | 1.3 STREET ADDRESS | • | ·3- |
| STREET ADDRESS | | | ĺ | 4 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | 1.4 CITY-ST-ZIP 2.1 TITLE | Eminal Carrillana | Change Addition |
| TITLE | VPD | | | Frank Countron 4 Harvard Circle | P |
| NAME | DICKINSON, CAROLINE'S | | 2.2 NAME | | |
| STREET ADDRESS | 4 HARVARD CIRCLE | | 2.3 STREET ADDRESS | -Wi-Falm-Beach, FL 33 | 3409 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33400 | | 2.4 CITY-ST-ZIP | | Change Addition |
| TITLE | STD | DELETE | 3.1 TITLE | Katherine Huntgomer | hange Addition |
| NAME . | LANDSBERG, MARY- | | 3.2 NAME | • | |
| STREET ADDRESS | 4 HARVARD GIR | 1 | 3.3 STREET ADDRESS | Company and any | |
| CITY-ST-ZIP | W PALM BEACH FL-33409 | | 3.4. CITY-ST-ZIP | same as above | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | <u> </u> | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | [| | 5.2 NAME | | • |
| | | | 5.3 STREET ADDRESS | • | |
| STREET ADDRESS | . ` | | 5.4 CITY-ST-ZIP | | • |
| CITY-ST-ZIP | ļ | | 6.1 TITLE | · | ☐ Change ☐ Addition |
| TMLE | | | 6.2 NAME | | |
| NAME | , | | | | |
| STREET ADDRESS | 1 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | • | 6.4 CITY-ST-ZIP | | <u>.</u> |

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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of fit Block 12 or Block 13 i

SIGNATURE: