


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000207 1. Entity Name HOMEOWNERS ASSOCIATION OF AVENEL, INC.	
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Principal Place of Business 2375 AVENEL COURT OLDSMAR, FL 34677	Mailing Address 2375 AVENEL COURT OLDSMAR, FL 34677 US
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07242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0533222	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

ZSCHAU, JULIUS J
JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL ETAL
911 CHESTNUT STREET
CLEARWATER, FL 34616

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000169432 08/05/04-80002-021 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHAH, KIRIT 2375 AVENEL COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KORTH, RYAN 2375 AVENEL COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MILLER, FRANCINE 2375 AVENEL COURTS OLDSMAR, FL 34677
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kirit A Shah 7/26/04 727-588-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #