


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90031 037 \*\*\*\*61.25

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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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-NP CR2E037 (4/06)

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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <del>SWAIN, ROBERT</del> Je44 RAWSON 2375 AVENEL COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILLER, FRANCINE 2375 AVENEL COURTS OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kirit A Shah</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-25-08</u>	Daytime Phone # <u>727-588-5880</u>
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