2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90215 038 ****61.25

DOCUMENT # N95000002447

1. Entity Name
AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
1269 US 1 ROCKLEDGE, FL 32955 US	1269 US 1 ROCKLEDGE, FL 32955 US

04132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6767 N. Wickham Rd	PO Box 410759
Suite, Apt. #, etc.: Suite 213	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne FL
Zip: 32940 Country: USA	Zip: 32941-0759 Country: USA

4. FEI Number ~~NOT APPLICABLE~~ 20-1894147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAHAL, NICK N 1269 US 1 ROCKLEDGE, FL 32955	Name: Advanced Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 6767 N. Wickham Road Suite 213 City: Melbourne FL Zip Code: 32940

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: Vickie Martin VICKIE MARTIN 4-12-05
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 May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BAR-NAVON, BOAZ 1305 GEM CIRCLE ROCKLEDGE, FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MARSHA L. ABELN 1323 AVALON DRIVE Rockledge, FL 32955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BAR-NAVON, DONNA 1305 GEM CIRCLE ROCKLEDGE, FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAi Fung Yang 1325 AVALON DRIVE Rockledge, FL 32955	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RAHAL, NICK N 1384 HERITAGE ACRES BLVD. ROCKLEDGE, FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Roy E. ADAMS 1326 ARthur Court Rockledge, FL 32955	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Marsha L. Abeln 4/19/05 407-296-1048 (work)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #