## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 8:00 am Secretary of State

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DOCUMENT # N9500002447  1. Entity Name AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.					_	15 038 ****61.	25
	e of Business	Mailing Address					
1269 US 1 Rockledge,	, FL 32955 US	1269 US 1 Rockledge, Fl 32955	US				
6767	Place of Business N. WICKHAM BC		410759		3		
Suite, Apt. Suit	#, etc. E 213	Suite, Apt. #, etc.				R2E037 (10/03)	
Me bou	PRUE FL	City & State Melbourne	FL	4. FEI Number	CABLE 20-18	894147 No	plied For t Applicable
32940	Country		Country USA	5. Certificate of St	atus Desired	\$8.75 Add	
<u> </u>	6. Name and Address of Current I			7. Name and Add	ress of New Regis	stered Agent	
Name /				nced Pro	Perty	Mamt	
1269 US 1 ROCKLED	OGE, FL 32955		Street Address	s (P.O. Box Number is I <i>N - W i C.</i> k	Not Acceptable) <u> </u>	va d	
			Sicité	213		Zin Cod	
			City Me	IBOURNE		FL Zip Cod	40
	e named entity submits this statement for tions of registered agent.	the purpose of changing its regis	stered office or regist	tered agent, or both, in	the State of Florida	a. I am familiar with,	and accept
	1) 11 -000-1	- 1/10	44.				
SIGNATURE	Victorian David or Option of agricultural agrees		MARTIN	rad when reinstation)	4-12		
SIGNATURE	Uchi Math Signature, typed or printed name of registered agent a		NAR4 IN	red when reinstating)	4-12	- a.5 Date	
SIGNATURE			gn Financing	\$5.00 May Be Added to Fees	Make		
SIGNATURE	Signature, typed or printed name of registered agent at Filling Fee Is \$61.25  Due by May 1, 2005  OFFICERS AND DIR	9. Election Campaig Trust Fund Contr	gn Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make Florida	check payable to Department of St	ate
10.	Signature, typed or printed name of registered agent a  Filling Fee Is \$61.25  Due by May 1, 2005  OFFICERS AND DIR	9. Election Campaig Trust Fund Contr	gn Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make Florida ES TO OFFICERS /	check payable to Department of St	ate
10. TITLE NAME	Signature, typed or printed name of registered agent at Filling Fee Is \$61.25  Due by May 1, 2005  OFFICERS AND DIR  PTD  BAR-NAVON, BOAZ	9. Election Campaig Trust Fund Contr	gn Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG D	Make Florida ESTO OFFICERS	DATE  check payable to Department of Stand DIRECTORS IN	ate
10.	Signature, typed or printed name of registered agent a  Filling Fee Is \$61.25  Due by May 1, 2005  OFFICERS AND DIR	9. Election Campaig Trust Fund Contr	gn Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG D RShA L Ab	Make Florida ES TO OFFICERS A EN OR IV E	check payable to Department of St AND DIRECTORS IN	ate
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DIR  PTD BAR-NAVON, BOAZ 1305 GEM CIRCLE	9. Election Campaig Trust Fund Contr	gn Financing ribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  D  RSHA L. Ab  3 AVAION T  CKLEDGE, F	Make Florida ES TO OFFICERS A EN OR IV E	check payable to Department of St AND DIRECTORS IN	10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a  Filling Fee Is \$61.25  Due by May 1, 2005  OFFICERS AND DIR  PTD  BAR-NAVON, BOAZ  1305 GEM CIRCLE  ROCKLEDGE, FL 32955  VSD  BAR-NAVON, DONNA'  1305 GEM CIRCLE	9. Election Campaia Trust Fund Contr  ECTORS  Delete	gn Financing ribution.   11.  11.  11ILE ST MAME STREET ADDRESS CITY-ST-ZIP RAME 136: 11ILE NAME TABLESS TABLE	\$5.00 May Be Added to Fees  ADDITIONS/CHANG  D  RSHA L Ab  3 AVAION T  CKLEDGE, F  1 Fung Yang  25 AVAION	Make Florida ES TO OFFICERS / ENV E DRIVE DRIVE	check payable to Department of St AND DIRECTORS IN Change	ate 10 IZÍ Addition
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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:

4/1-9/05.

407-2.96=1048