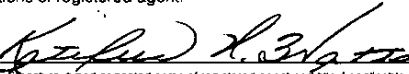
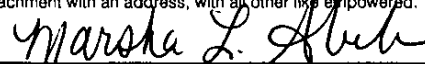


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90024 034 ****61.25

DOCUMENT # N95000002447 1. Entity Name AVALON HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.					
Principal Place of Business 6767 N. WICKHAM ROAD SUITE 213 MELBOURNE, FL 32940 US			Mailing Address P.O. BOX 410759 MELBOURNE, FL 32941 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		02242006 Chg-NP CR2E037 (11/05) 4. FEI Number 20-1894147 Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MGMT. 6767 N. WICKHAM ROAD SUITE 213 MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name ADVANCED PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable) 1978 ROCKLEDGE BLVD SUITE 106 City ROCKLEDGE FL Zip Code 32955	
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  KATHLEEN N. WATTS, CAM 3-13-06 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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABELN, MARSHA L. 1323 AVALON DRIVE ROCKLEDGE, FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES CAMPBELL 1305 AVALON DR ROCKLEDGE, FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNG YANG, TAI 1325 AVALON DRIVE ROCKLEDGE, FL 32955	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANT GOODWIN 1312 AVALON DR ROCKLEDGE, FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, ROY E. 1326 ARTHUR COURT ROCKLEDGE, FL 32955	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE LAKE 1316 AVALON DR ROCKLEDGE, FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACI JOHNSON 1312 CAMBLOT CIRCLE ROCKLEDGE, FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACI JOHNSON 1312 CAMBLOT CIRCLE ROCKLEDGE, FL 32955	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition
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:  Marsha L. Abeln 3/16/06 407-296-1048 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40033624

