2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90024 034 ****61.25

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

Principal Place of Business	Mailing Address
6767 N. WICKHAM ROAD SUITE 213 MELBOURNE, FL 32940 US	P.O. BOX 410759 MELBOURNE, FL 32941 US

02242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 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
ADVANCED PROPERTY MGMT. 6767 N. WICKHAM ROAD SUITE 213 MELBOURNE, FL 32940	Name: ADVANCED PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable): 1978 ROCKLEDGE BLVD SUITE 156 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: [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

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	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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRACI JOHNSON 1312 CAMELOT CIRCLE 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

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 Marsha L. Abeln 3/16/06 407-296-1048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #