

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002447

FILED
Jan 23, 2008
Secretary of State

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

Current Principal Place of Business:

AVALON DRIVE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560921
MELBOURNE, FL 32956 US

New Mailing Address:

P.O. BOX 560912
ROCKLEDGE, FL 32956 US

FEI Number: 20-1894147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JAMES M PRES
1305 AVALON DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CAMPBELL, JAMES M
Address: 1305 AVALON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: GOODWIN, GRANT
Address: 1312 AVALON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: LAKE, LESLIE
Address: 1316 AVALON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: JOHNSON, TRACI
Address: 1312 CAMELOT CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MORAN, SHARON
Address: 1308 CAMELOT CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. CAMPBELL

PRES

01/23/2008

Electronic Signature of Signing Officer or Director

Date