

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002447

FILED
Apr 06, 2012
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 560912
ROCKLEDGE, FL 329560912 US

New Mailing Address:

FEI Number: 20-1894147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUFORD, JOHN M
1310 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: PD
Name: SHUFORD, JOHN M
Address: 1310 AVALON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD
Name: MACIK, JOSEPH J
Address: 1311 AVALON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD
Name: ABELN, MARSHA L
Address: 1323 AVALON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: MACIK, JONI K
Address: 1311 AVALON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: MARTUCH, DEBORAH C
Address: 1313 AVALON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: KUNZE, SONJA M
Address: 1322 ARTHUR COURT
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. SHUFORD

PD

04/06/2012

Electronic Signature of Signing Officer or Director

Date