

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90008 022 ****61.25

DOCUMENT # N96000001385

1. Entity Name
COURTYARDS AT AVALON ASSOCIATION, INC.



Principal Place of Business
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

Mailing Address
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0727314

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MGMT CORP
11784 W SAMPLE RD
CORAL SPRINGS, FL 33069

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2007**

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

TITLE P ☐ Delete
NAME GLASS, JOHN
STREET ADDRESS 3300 UNIVERSITY DR., #405
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VD ☐ Delete
NAME MARGARET, GIBSON
STREET ADDRESS 3300 UNIVERSITY DR., #405
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SD ☒ Delete
NAME MOSS, PENNY
STREET ADDRESS 3300 UNIVERSITY DR., #405
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☐ Addition
NAME GLASS, JOHN
STREET ADDRESS 3300 UNIVERSITY DR #405
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VD ☐ Change ☐ Addition
NAME GIBSON, MARGARET
STREET ADDRESS 3300 UNIVERSITY DR #405
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD ☒ Change ☒ Addition
NAME WRIGHT, Suzanne
STREET ADDRESS 1836 S.W. 102 Way
CITY-ST-ZIP Miramar, FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

Daytime Phone #