FILED Apr 07, 2008 8:00 am Secretary of State

| 2008 | NO | T-F(| OR-F | PRO | FIT | CORF | 'ORA | TION |
|------|----|------|------|------------|-----|------|------|------|
| | | Al | NNU | AL | REP | ORT | | |

| DOCUMENT # N9600001388 1. Entity Name AVALON MASTER HOMEOWNER ASSOCIATION, INC. | | | | | | 04 | -07-2008 90 | 0047 04 | 9 ****61 | 25 |
|--|--|---------------------------|--|---|-------------------------------------|---------------------------------------|---------------------|----------------------|-------------------------------|------------|
| 11784 W SAMPLE RD 117 | | | ing Address 784 W SAMPLE RD RAL SPRINGS, FL 33065 US | | | | | | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Maili | ng Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03202008 _{Cl} | ng-NP | CR2E0 | 37 (12/06) | |
| City & State | | City & State | | | | 4. FEI Number 65-072731 | | Applied For | | |
| Zip | Country | Zip C | | Country | v | | atus Desired | | \$8.75 Add | |
| 6. Name and Address of Current Register | | | Agent | | l | 7. Name and Add | ress of New Re | gistered | | |
| 621 NW 53 #300 | K ROGER & ASSOC P.A. 3 STREET TON, FL 33487 | | | Street A | Address (F | P.O. Box Number is I | Not Acceptable |) | | |
| 200/1101 | , 6.11, 1.2 55 75. | | City | | | | | | Zip Cod | e |
| | named entity submits this statement folions of registered agent. Signature, typed or printed trame of registered agent. | | | s registered office o | | · | the State of Flor | nida. Lam | familiar with, | and accept |
| | Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | | | k payable t tment of S | |
| 10. | OFFICERS AND DI | RECTORS | | 11. | A | DDITIONS/CHANG | ES TO OFFICER | RS AND DI | | |
| NAME STREET ADDRESS CITY-ST-ZIP | TD BROWN, CONRAD 10273 SW 24 ST MIRAMAR, FL 33025 | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100 | 76SW 04 LAMAR, FL | Ct 33025 | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | PD GIBSON, MARGARET 10243 SW 20 ST MIRAMAR, FL 33025 | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | D | , , , , , , , , , , , , , , , , , , , | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | VD O'BRIEN, FRANCIS 10361 SW 24 CT MIRAMAR, FL 33025 | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | D GLASS, JOHN 1844 SW 102 WAY MIRAMAR, FL 33025 | |) Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD | Edgeco 2473 S Miro | mbe, Ve, s.w.10: | rnald 3 ave FL | □ Change 2 · 3302 · | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DORSETT, BERNARD 2428 SW 103 AVE MIRAMAR, FL 33025 | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PRINGLE-MILLER, LAURETTA 10223 SW 24 CT MIRAMAR, FL 33025 | | □X Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD | Wria 10209 Miro | s.w | honya 201 | □ Change □ OU 1 . 330 7 | Addition |
| indicated of the cor | certify that the information supplied with on this report or suppliemental report is poration or the receiver or trustee emp or on an attachment with an address, | true and a owered to e | execute this report | my signature shall I as required by Ch | ontained have the s apter 617 | in Chapter 119, Flor | ida Statutes, I f | urther cert | ify that the in | nformation |