## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 21, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N97000005519 04-21-2005 90233 004 \*\*\*\*61.25 1. Entity Name AVALON COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 9031 TOWN CENTER PKWY 9031 TOWN CENTER PKWY BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03302005 Chg-NP CR2E037 (10/03) Applied For City & State City & State FEI Number 65-0786771 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wilson AMI O. Box Number is Not Acceptable) 9031 TOWN CENTER PKWY BRADENTON, FL 34202 (enter Zip Code 34⊇03 Bradenton 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. 3/30/05 SIGNATURE Signature, typed or printed name of registered agent and title if a (NOTE: Registered Agent signature required when reinstating) Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SD TITLE ☐ Delete TITLE ☐ Addition JACOBS, KAREN NAME NAME 4929 LAKESCENE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP VPD Change **X** Addition TITLE 🔽 Delete TITLE FEINSTEIN, MARVINW NAME NAME STREET ADDRESS 4929 LAKESCENE PL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-7IP TD ☐ Change TITLE ☐ Addition TITLE ☐ Defete NAME NATHAN, GEORGE NAME STREET ADDRESS 5026 LA AESSENE PL STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE DP SCHUCH, JAMES NAME NAME STREET ADDRESS 4929 LAKESCENE PL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP Delete ☐ Change TITLE Addition TITLE HADAVAS, PHILIP NAME NAME STREET ADDRESS 6938 MYSTIC LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

OFFICER OF DIRECTOR

FILED