2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



AVALON COMMUNITY ASSOCIATION, INC.

DOCUMENT # N97000005519

Apr 24, 2006 8:00 am Secretary of State

FILED

04-24-2006 90436 027 ****61.25

40060898 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. 03012006 Chq-NP CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 65-0786771 Not Applicable 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, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) C/O ADVANCED MANAGMENT, INC 9031 TOWN CENTER PKWY BRADENTON, FL 34202 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 VPD TITLE ☐ Delete TITLE Change ☐ Addition ren Jacoba Pl JACOBS, KAREN NAME NAME 4929 LAKESCENE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ☐ Addition MORELLO, ROSE NAME NAME 4931 LAKESCENE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NATHAN, GEORGE STREET ADDRESS 5026 LA AESSENE PL STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHUCH, JAMES NAME 4929 LAKESCENE PL STREET ADDRESS STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 🔀 TITLE LIOTT, KEN NAME NAME STREET ADDRESS 4919 LAKESCENE PL STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SARASOTA, FL 34243

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Defete

Change

☐ Addition