

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90150 002 ****61.25

DOCUMENT # N98000000415

1. Entity Name
AVISTA PLEX PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
5353 CONROY ROAD
SUITE 200
ORLANDO, FL 32811

Mailing Address
5353 CONROY ROAD
SUITE 200
ORLANDO, FL 32811



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3491657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NANA, AJIT
5353 CONROY ROAD, SUITE 200
ORLANDO, FL 32811

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
VALBH, ANIL I
5353 CONROY ROAD, SUITE 200
ORLANDO, FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NANA, AJIT
5353 CONROY ROAD, SUITE 200
ORLANDO, FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~PTD~~
~~WOOLBRIDGE, MONTY~~
~~5353 CONROY ROAD, SUITE 200~~
~~ORLANDO, FL 32811~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2005 407-581-9000