

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3491657	Applied For Not Applicable
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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

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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, 2008

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	

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 04/18/08-80071-008 61.25

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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: _____ **4/2/08** **407-581-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #