


FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004201

1. Corporation Name

CBG AVALON HOUSING CORPORATION

Principal Place of Business

351-6TH AVE WEST
BRADENTON FL 34205

Mailing Address

351-6TH AVE WEST
BRADENTON FL 34205



2. Principal Place of Business 21 9021 Town Center Pkwy Suite, Apt. #, etc. 22 City & State 23 Bradenton, FL Zip 24 34202 Country 25 MANATEE		2a. Mailing Address 26 9021 Town Center Pkwy Suite, Apt. #, etc. 27 City & State 28 Bradenton, FL Zip 29 34202 Country 30 Manatee		3. Date Incorporated or Qualified 07/20/1998 4. FEI Number 59-3525908 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HARRISON, G. JOSEPH 1206 MANATEE AVE WEST BRADENTON FL 34205				10. Name and Address of New Registered Agent 81 Name Kimberly L. GRAUS 82 Street Address (P.O. Box Number is Not Acceptable) 9021 Town Center Pkwy 83 84 City BRADENTON FL 85 Zip Code 34202	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kimberly L. Graus* Kimberly L. GRAUS 3-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, MICHAEL J	1.2 NAME	Doyle, Michael J.
STREET ADDRESS	351-6TH AVE. WEST	1.3 STREET ADDRESS	9021 Town Center Pkwy
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME, JOHNAEL S	2.2 NAME	Newsome, John S.
STREET ADDRESS	351-6TH AVE. WEST	2.3 STREET ADDRESS	9021 Town Center Pkwy
CITY-ST-ZIP	BRADENTON FL 34205	2.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDSON, LOUIS E	3.2 NAME	Edmondson, Louis E.
STREET ADDRESS	351-6TH AVE. WEST	3.3 STREET ADDRESS	9021 Town Center Pkwy
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, KATHLEEN	4.2 NAME	McDonald, Kathleen
STREET ADDRESS	351-6TH AVE. WEST	4.3 STREET ADDRESS	9021 Town Center Pkwy
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GRAUS, Kimberly L.
STREET ADDRESS		5.3 STREET ADDRESS	9021 Town Center Pkwy
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberly L. Graus* Kimberly L. GRAUS 3-30-99 (941) 747-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)