

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004403

FILED
Aug 23, 2004
Secretary of State

Entity Name: AVALON PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3569797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, BRETT M
882 JACKSON AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAHLI, BEAT
Address: 13001 FOUNDERS SQUARE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: HALLE, ROSS
Address: 13001 FOUNDERS SQUARE DR.
City-St-Zip: ORLANDO, FL 32828

Title: STD () Delete
Name: EWING, KEITH
Address: 13001 FOUNDERS SQUARE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: EWING, KEITH
Address: 13001 FOUNDERS SQUARE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: SD () Change (X) Addition
Name: ALMULLA, KATHLEEN
Address: 3516 TERN HOLLOW DRIVE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEAT KAHLI

PD

08/23/2004

Electronic Signature of Signing Officer or Director

Date