

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90202 029 *****61.25

DOCUMENT # N98000004403

1. Entity Name

AVALON PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**5695 BEGGS ROAD
STE B-100
ORLANDO FL 32810**

Mailing Address

**5695 BEGGS ROAD
STE B-100
ORLANDO FL 32810**

2. Principal Place of Business

882 JACKSON AVE
Suite, Apt. #, etc.

3. Mailing Address

882 JACKSON AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number **59-3569797**

Applied For

☐ Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUTHERLAND, THERESA D
5695 BEGGS RD.
STE B-100
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name **Brett M. Jordan**
Street Address (P.O. Box Number is Not Acceptable)
882 JACKSON AVE
City **Winter Park** FL Zip Code **32789**

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.

BRETT M. JORDAN

(NOTE: Registered Agent signature required when reinstating)

4/18/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KAHLI, BEAT**
STREET ADDRESS **13001 FOUNDERS SQUARE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **VD** ☐ Delete
NAME **HALLE, ROSS**
STREET ADDRESS **13001 FOUNDERS SQUARE DR.**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **SDTD** ☐ Delete
NAME **LOPEZ, ERIC**
STREET ADDRESS **13001 FOUNDERS SQUARE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 stake empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-23-03

4076596325

CR2E037 (10/02)