

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90045 010 ***150.00

DOCUMENT # P05000104838

1. Entity Name
AVALON CONDOMINIUM, INC



Principal Place of Business
**6909 SW 18TH ST
A111
BOCA RATON, FL 33343**

Mailing Address
**6909 SW 18TH ST
A111
BOCA RATON, FL 33343**

50024621



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**5944 CORAL RIDGE DR
205
CORAL SPRINGS, FL
33076**

4. FEI Number
20-3275593

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

07232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**WEISBERG, LAWRENCE
6901 SW 18TH ST
105
BOCA RATON, FL 33343**

7. Name and Address of New Registered Agent
Name **JUAN P. ABADIE**
Street Address (P.O. Box Number is Not Acceptable)
5944 CORAL RIDGE DR # 205
City **CORAL SPRINGS** FL Zip Code **33076**

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 *Juan P. Abadie* **JUAN P. ABADIE** **7-25-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D WEISBERG, LAWRENCE 6909 SW 18TH ST, A111 BOCA RATON, FL 33343 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,D ABADIE, JUAN 6909 SW 18TH ST, A111 BOCA RATON, FL 33343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: *Juan P. Abadie* **V-PRESIDENT** **7-25-06** **9547420994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #