

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90037 003 ***158.75

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1. Entity Name
AVALON VACATION VILLAS, INC.



Principal Place of Business
905 AVENUE L SE
WINTER HAVEN, FL 33880

Mailing Address
P.O. BOX 512
WINTER HAVEN, FL 33882-0512

DO NOT WRITE IN THIS SPACE



03152008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4075185

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CASTI, MARIA J
905 AVENUE L SE
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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 *Maria J Casti, Pres*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/17/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CASTI, MARIA J
STREET ADDRESS	905 AVENUE L SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Maria J Casti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08
Date

8638523067
Daytime Phone #