

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009160

Entity Name: AVALON VACATION VILLAS, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

905 AVENUE L SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

1614 FOREST HILLS LANE
HAINES CITY, FL 33844

Current Mailing Address:

P.O. BOX 512
WINTER HAVEN, FL 338820512

New Mailing Address:

FEI Number: 20-4075185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASTI, MARIA J
1614 FOREST HILLS LANE
HAINES CITY, FL 33844 US

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: _____ 01/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CASTI, MARIA J
Address: 905 AVENUE L SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CASTI, MARIA J
Address: 1614 FOREST HILLS LANE
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA J. CASTI PRES 01/17/2009
Electronic Signature of Signing Officer or Director Date