#### I hereby 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 all other like empowered.

SIGNATURE: NOEMI GONZALEZ

City-State-Zip: WINTER GARDEN FL 34787

Electronic Signature of Signing Officer/Director Detail

# (

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PRESIDENT	Title	TREASURER
Name	BERRIOS , GUADALUPE	Name	RAMOS, RAQUEL
Address	6469 NEW INDEPENDENCE PARKWAY	Address	13961 DARCHANCE RD.
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINDERMERE FL 34786
Title	SECRETARY		
Name	GONZALEZ, NOEMI DEL CARMEN		
Address	319 DANIEL COVE DR.		

#### 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:

#### 6121 AVALON RD WINTER GARDEN, FL 34787

## FEI Number: 68-0600559

## Name and Address of Current Registered Agent:

RIVERA, VICTOR A 6121 AVALON RD. WINTER GARDEN, FL 34787 US

**Current Principal Place of Business:** 6121 AVALON RD WINTER GARDEN, FL 34787

**Current Mailing Address:** 

DOCUMENT# N0400006075

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: AVALON COMMUNITY MULTI SERVICE INC.

Certificate of Status Desired: No

Date

SECRETARY

01/03/2017 Date

#### FILED Jan 03, 2017 Secretary of State CC9371373835