

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006075

**Entity Name:** AVALON COMMUNITY MULTI SERVICE INC.

**Current Principal Place of Business:**

6121 AVALON RD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

6121 AVALON RD  
WINTER GARDEN, FL 34787

**FEI Number:** 68-0600559

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RIVERA, VICTOR AGRAIT  
Address        6121 AVALON RD  
City-State-Zip: WINTER GARDEN FL 34787

Title            TREASURER  
Name            PALMA, GERARDO  
Address        13532 CARROWAY ST  
City-State-Zip: WINDERMERE FL 34786

Title            SECRETARY  
Name            DELACRUZ, SONIA I  
Address        6121 AVALON RD  
City-State-Zip: WINTER GARDEN FL 34787

Title            VP  
Name            LOPEZ, BENJAMIN  
Address        16137 PARKWYN ST.  
City-State-Zip: WINTER GARDEN FL 34787

*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:** VICTOR A. RIVERA

**PRESIDENT**

**03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date