2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000005113

Entity Name: AVERY SQUARE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 24, 2024
Secretary of State
3470927994CC

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER RD #4 NAPLES, FL 34109

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER RD #4 NAPLES, FL 34109 US

FEI Number: 81-4522673 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWELL PROPERTY MANAGEMENT NEWELL PROPERTY MANAGEMENT 5435 JAEGER RD #4 NAPLES, FL 34109 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: ANTONIOS KOKKINOS 01/24/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleDIRECTORTitlePRESIDENTNamePISHA, JOHNNameTAYLOR, TIM

Address C/O NEWELL PROPERTY Address C/O NEWELL PROPERTY

MANAGEMENT MANAGEMENT 5435 JAEGER RD #4 5435 JAEGER RD #4

City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

TitleTREASURERTitleDIRECTORNameWARNER, DEANNENameMILLER, PAUL

Address C/O NEWELL PROPERTY Address C/O NEWELL PROPERTY

MANAGEMENT
5435 JAEGER RD #4

NAPLES FL 34109

MANAGEMENT
5435 JAEGER RD #4

City-State-Zip: NAPLES FL 34109

Title VD

Title VP

City-State-Zip:

Name MUNIZ, STEPHANIE

Address C/O NEWELL PROPERTY

MANAGEMENT 5435 JAEGER RD #4

City-State-Zip: NAPLES FL 34109

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: TIM TAYLOR PRESIDENT 01/24/2024