

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N16000005113

**Entity Name:** AVERY SQUARE HOMEOWNERS ASSOCIATION, INC.

**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**

**11/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FARRIS, LYNETTE  
Address C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD #4  
City-State-Zip: NAPLES FL 34109

Title PRESIDENT  
Name YODER, JODI  
Address C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD #4  
City-State-Zip: NAPLES FL 34109

Title TREASURER  
Name FREMLING, DANIEL  
Address C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD #4  
City-State-Zip: NAPLES FL 34109

Title SECRETARY  
Name MILLER, PAUL  
Address C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD #4  
City-State-Zip: NAPLES FL 34109

Title VP  
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: JODI YODER**

**PRESIDENT**

**11/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date