

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005113

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

**FILED**  
**Aug 08, 2017**  
**Secretary of State**  
**CC6251768642**

**Current Principal Place of Business:**

24311 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

24311 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS, FL 34134

**FEI Number: 81-4522673**

**Certificate of Status Desired: No**

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

BROOKS, SCOTT  
C/O PULTE HOME CORPORATION  
24311 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS, FL 34134 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 DP  
Name BROOKS, SCOTT  
Address 24311 WALDEN CENTER DRIVE,  
SUITE 300  
City-State-Zip: BONITA SPRINGS FL 34134

Title DV  
Name BUTLER, PATRICK  
Address 24311 WALDEN CENTER DRIVE,  
SUITE 300  
City-State-Zip: BONITA SPRINGS FL 34134

Title DST  
Name RAY, LAURA  
Address 24311 WALDEN CENTER DRIVE,  
SUITE 300  
City-State-Zip: BONITA SPRINGS FL 34134

*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: SCOTT BROOKS**

**PRESIDENT**

**08/08/2017**

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

\_\_\_\_\_  
Date