

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32410

**Entity Name:** THE AVIARY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

100 RIVERBRIDGE BLVD.  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

8135 LAKE WORTH ROAD  
SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number:** 65-0319750

**Certificate of Status Desired:** No

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

STOLOFF & MANOFF, PA  
STOLOFF & MANOFF, P.A.  
1818 AUSTRALIAN AVENUE SOUTH, SUITE 400  
WEST PALM BEACH, FL 33409 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:** LAURIE MANOFF, ESQ

04/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASTLEMAN, BERNARD M  
Address        181 HARBOR LAKE CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33413

Title            VP  
Name            PETRUZZELLI, DONNA  
Address        134 HARBOR LAKE CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33413

Title            SECRETARY  
Name            CHORPENNING, DEBBIE  
Address        167 HARBOR LAKE CIRCLE  
City-State-Zip: GREENACRES FL 33413

Title            TREASURER  
Name            LUX, RICHARD  
Address        182 HARBOR LAKE DRIVE  
City-State-Zip: GREENACRES FL 33413

Title            DIRECTOR  
Name            JACKSON, VICKY  
Address        135 HARBOR LAKE DRIVE  
City-State-Zip: GREENACRES FL 33413

*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:** BERNARD CASTLEMAN

PRESIDENT

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date