

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35602

Entity Name: AVION PALMS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4650 WEST PALM DRIVE
BOWLING GREEN, FL 33834-7063**Current Mailing Address:**4650 WEST PALM DRIVE
BOWLING GREEN, FL 33834-7063 US**FEI Number: 59-2935349****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COLEMAN, LORRAINE T
1112 PALMETTO LANE
BOWLING GREEN, FL 33834 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: LORRAINE T. COLEMAN****03/03/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MCMONIGLE, FRANK T
Address	1119 N BAMBOO LN
City-State-Zip:	BOWLING GREEN FL 33834

Title	VP
Name	SAVOY, SHIRLEY M
Address	1111 MANILA LN
City-State-Zip:	BOWLING GREEN FL 33834

Title	VP
Name	EDWARDS, NORMAN
Address	4633 W PALM DRIVE
City-State-Zip:	BOWLING GREEN FL 33834

Title	D
Name	GILBERT, LINDA
Address	4607 W PALM DR
City-State-Zip:	BOWLING GREEN FL 33834

Title	D
Name	BATTLES, BRENDA J
Address	1117 ROYAL LN
City-State-Zip:	BOWLING GREEN FL 33834

Title	S
Name	HACKLER, RHEA J
Address	1124 MANILA LANE
City-State-Zip:	BOWLING GREEN FL 33834

Title	TREASURER
Name	COLEMAN, LORRAINE T
Address	1112 PALMETTO LANE
City-State-Zip:	BOWLING GREEN FL 33834

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: LORRAINE T COLEMAN**TREASURER****03/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date