## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002447

Entity Name: AVALON HOMEOWNERS ASSOCIATION OF BREVARD

COUNTY, INC.

**Current Principal Place of Business:** 

**AVALON DRIVE** 

ROCKLEDGE, FL 32955

**Current Mailing Address:** 

P.O. BOX 560912

ROCKLEDGE, FL 32956-0912 US

FEI Number: 20-1894147 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHUFORD, JOHN M 1310 AVALON DRIVE ROCKLEDGE, FL 32955 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

**FILED** Mar 20, 2013

**Secretary of State** 

CC4262411687

Officer/Director Detail:

Title PD Title **VPD** 

Name SHUFORD, JOHN M Name MACIK, JOSEPH J Address 1310 AVALON DRIVE Address 1311 AVALON DR

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title Title TD

MACIK, JONI K Name ABELN, MARSHA L Name Address 1323 AVALON DR Address 1311 AVALON DR

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title Title D

Name KUNZE, SONJA M Name CAPRIOLI, GEORGE Address 1322 ARTHUR COURT 1300 AVALON DR Address City-State-Zip: ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 City-State-Zip:

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: JOHN M. SHUFORD

**PRESIDENT** 

03/20/2013