

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000242

FILED
May 08, 2006
Secretary of State

Entity Name: AVALON DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

599 SCENIC GULF DR.
DESTIN, FL 32541

New Principal Place of Business:

599 SCENIC GULF DR.
MIRAMAR BEACH, FL 32550

Current Mailing Address:

PO BOX 1779
DESTIN, FL 32540

New Mailing Address:

50 MONACO STREET
MIRAMAR BEACH, FL 32550

FEI Number: 59-3692123 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWMAN DAILEY RESORT PROP
LORETTA W. SMITH
12815 HWY 98 W. SUITE 100
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

RESORTQUEST INTERNATIONAL
ANGELA ROGERS
50 MONANCO STREET
MIRAMAR BEACH, FL 32550 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: ANGELA ROGERS

05/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: YOUNG, BILL
Address: PO BOX 6866
City-St-Zip: DESTIN, FL 32550

Title: P () Delete
Name: SMITH, RALPH
Address: 580 SHASTEEN BEND DRIVE
City-St-Zip: WINCHESTER, TN 37398

Title: STD () Delete
Name: GREENLEAF, JAMES
Address: 159 LINDA LANE
City-St-Zip: MEADVILLE, PA 16335

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FISHER, BOB
Address: 3705 CLASSIC DRIVE SOUTH
City-St-Zip: MEMPHIS, TN 38125

Title: VP (X) Change () Addition
Name: DUGAS, ROLAND
Address: 400 OAKLEAF DRIVE
City-St-Zip: LAFAYETTE, LA 70503

Title: STD (X) Change () Addition
Name: MARTIN, PAT
Address: PO BOX 6843
City-St-Zip: MIRAMAR BEACH, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOB FISHER

P

05/08/2006

Electronic Signature of Signing Officer or Director

Date