

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:43

DOCUMENT # 766031 (9)
1. Corporation Name
AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
355 S.OCEAN DR. UNIT 100 355 S.OCEAN DR. UNIT 100
FT. PIERCE FL 34949 FT. PIERCE FL 34949

3. Date Incorporated or Qualified 12/08/1982
3a. Date of Last Report 03/01/1994
4. FEI Number 59-2663682
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MCINTYRE, HARRY
355 S OCEAN DRIVE
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, OAKLEY	1.2 NAME	
STREET ADDRESS	355 S.OCEAN DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	34949
TITLE	DD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUST, SANDRA	2.2 NAME	
STREET ADDRESS	355 S.OCEAN DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	2.4 CITY - ST - ZIP	34949
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGER, SEYMOUR	3.2 NAME	
STREET ADDRESS	355 SOUTH OCEAN DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	34949
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWAN, DAVID	4.2 NAME	
STREET ADDRESS	355 S OCEAN DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	4.4 CITY - ST - ZIP	34949
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINTYRE, HARRY	5.2 NAME	
STREET ADDRESS	355 S.OCEAN DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	5.4 CITY - ST - ZIP	34949
TITLE	VPD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SANT, VIOLET	6.2 NAME	TD McCall, WALTON
STREET ADDRESS	355 SOUTH OCEAN DRIVE	6.3 STREET ADDRESS	355 S. Ocean Dr.
CITY - ST - ZIP	FT. PIERCE FL	6.4 CITY - ST - ZIP	FT. PIERCE FL 34949

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/26/95 407-225-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 13)