

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766031 (9)

1. Corporation Name

AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

355 S.OCEAN DR. UNIT 100
FT. PIERCE FL 34949

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FT. PIERCE FL 34949

3. Date Incorporated or Qualified: 12/08/1982
3a. Date of Last Report: 03/30/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc		Suite, Apt. #, etc.		59-2663682	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State			
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	City & State		City & State			
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
	Zip		Zip			
	Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTYRE, HARRY
355 S OCEAN DRIVE
FT. PIERCE FL 34949

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WATSON, OAKLEY 355 S.OCEAN DRIVE FT. PIERCE FL	<input checked="" type="checkbox"/> DELETE	1 1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1 2 NAME ROBERT JACKSON
STREET ADDRESS			1 3 STREET ADDRESS 355 S. OCEAN DR.
CITY - ST - ZIP			1 4 CITY - ST - ZIP FT. PIERCE FL 34949
TITLE	SD FAUST, SANDRA 355 S.OCEAN DRIVE FT. PIERCE FL	<input type="checkbox"/> DELETE	2 1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2 2 NAME
STREET ADDRESS			2 3 STREET ADDRESS
CITY - ST - ZIP			2 4 CITY - ST - ZIP
TITLE	D SINGER, SEYMOUR 355 SOUTH OCEAN DRIVE FT. PIERCE FL	<input checked="" type="checkbox"/> DELETE	3 1 TITLE SECRETARY - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3 2 NAME BRUCE SMITH
STREET ADDRESS			3 3 STREET ADDRESS 355 So. Ocean Dr.
CITY - ST - ZIP			3 4 CITY - ST - ZIP FT. PIERCE, FL. 34949
TITLE	D COWAN, DAVID 355 S OCEAN DR. FT PIERCE FL	<input type="checkbox"/> DELETE	4 1 TITLE
NAME			4 2 NAME
STREET ADDRESS			4 3 STREET ADDRESS
CITY - ST - ZIP			4 4 CITY - ST - ZIP
TITLE	D MCINTYRE, HARRY 355 S.OCEAN DRIVE FT. PIERCE FL	<input type="checkbox"/> DELETE	5 1 TITLE PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5 2 NAME
STREET ADDRESS			5 3 STREET ADDRESS
CITY - ST - ZIP			5 4 CITY - ST - ZIP
TITLE	TD MCCALL, WALTON 355 SOUTH OCEAN DRIVE FT. PIERCE FL	<input type="checkbox"/> DELETE	6 1 TITLE
NAME			6 2 NAME
STREET ADDRESS			6 3 STREET ADDRESS
CITY - ST - ZIP			6 4 CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harry McIntyre 1/26/94 407-2250544

CR2E037 (12/95)