

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90011 007 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766031**

1. Corporation Name  
**AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 355 S.OCEAN DR. UNIT 100 FT. PIERCE FL 34949	Mailing Address 355 S.OCEAN DR. UNIT 100 FT. PIERCE FL 34949
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2. Principal Place of Business 21 <b>Avalon Beach Club Condominium Assn</b>	2a. Mailing Address 25 <b>C/O Elliott Merrill Comm. Mgmt</b>	3. Date Incorporated or Qualified <b>12/08/1982</b>
Suite, Apt. #, etc. 22 <b>C/O Elliott Merrill Comm. Mgmt</b>	Suite, Apt. #, etc. 27 <b>1105 12th Street</b>	4. FEI Number <b>59-2663682</b>
City & State 23 <b>2905 N.A.I.A. Ft. Pierce, FL</b>	City & State 28 <b>Vero Beach, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34949</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>MIGHTON, BARBARA 355 S OCEAN DRIVE AVALON BEACH CLUB FT PIERCE FL 34949</b>	10. Name and Address of New Registered Agent 81 Name <b>Craig Merrill, Elliott Merrill Mgmt.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2905 N.A.I.A.</b> 83 84 City <b>Ft. Pierce FL</b> 85 Zip Code <b>34949</b>
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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: *Craig Merrill* DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FAUST, SANDRA</b>		1.2 NAME <b>Margareta Jackson</b>	
STREET ADDRESS <b>355 S OCEAN DRIVE</b>		1.3 STREET ADDRESS <b>355 S. Ocean Drive #301</b>	
CITY-ST-ZIP <b>FT PIERCE FL</b>		1.4 CITY-ST-ZIP <b>Ft. Pierce, FL 34949</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCALPIN, DAVE</b>		2.2 NAME <b>Seymour Singer</b>	
STREET ADDRESS <b>355 S OCEAN DRIVE</b>		2.3 STREET ADDRESS <b>1000 Quay side Terrace #701</b>	
CITY-ST-ZIP <b>FT. PIERCE FL</b>		2.4 CITY-ST-ZIP <b>Miami, FL 33138</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, BRUCE</b>		3.2 NAME	
STREET ADDRESS <b>355 S. OCEAN DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. PIERCE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MIGHTON, BARBARA</b>		4.2 NAME	
STREET ADDRESS <b>355 S OCEAN DR.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCALL, WALTON</b>		5.2 NAME <b>Edwin Arnold</b>	
STREET ADDRESS <b>355 SOUTH OCEAN DRIVE</b>		5.3 STREET ADDRESS <b>7605 Butler Lane</b>	
CITY-ST-ZIP <b>FT. PIERCE FL</b>		5.4 CITY-ST-ZIP <b>Port St. Lucie, FL 34986</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>Sylvia Kohler</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>355 S. Ocean Drive</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Ft. Pierce, FL 34949</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *[Signature]* Date: 8/1/99 Daytime Phone # \_\_\_\_\_

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Add:

Director

David Cowan

355 S. Ocean Drive #201

Ft. Pierce, FL 34949