


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90033 037 \*\*\*\*61.25

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # 766031</b>   |   |                             |  |
| 1. Entity Name<br><b>AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.</b>   |   |  |  |
| Principal Place of Business<br>835 20TH PL<br>VERO BEACH, FL 32960 US  |   | Mailing Address<br>P.O. BOX 65<br>JENSEN BEACH, FL 34958 US  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address<br><i>1111 SE Federal Hwy</i>   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.<br><i>Suite 100</i>  |  |
| City & State   |   | City & State<br><i>Stuart, FL</i>  |  |
| Zip  | Country   | Zip  | Country  |
| <i>34994</i>   |   | <i>34994</i>   |  |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |  |
| FORTE, LORRAINE H<br>1274 NE BUSINESS PARK PL.<br>JENSEN BEACH, FL 34957   |   | Name   |  |
|  |   | Street Address (P.O. Box Number is Not Acceptable)<br><i>1111 SE Federal Hwy</i>                             |  |
|  |   | City<br><i>Stuart</i>  |  |
|  |   | FL Zip Code<br><i>34994</i>  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |  |
| SIGNATURE <i>Lorraine H. Forte</i>   |   | DATE <i>1/20/05</i>  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SINGER, SEYMOUR<br>1000 QUAYSIDE TERRACE #701<br>MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>KAREKOS, PETER<br>335 S. OCEAN DR. #805<br>FT. DIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>SMITH, BRUCE<br>355 S OCEAN DRIVE 803<br>FORT PIERCE, FL 34949 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MCKEON, WILLIAM<br>355 S OCEAN DR #807<br>FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>CRAMER, Steven #804<br>335 S. OCEAN DR.<br>FT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>WATSON, LOIS<br>355 S OCEAN DR., #304<br>FORT PIERCE, FL 34949 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WINK, BILL<br>355 S OCEAN DR., #808<br>FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>WITTENMYER, Robert<br>335 S. OCEAN DR. # 801<br>FT. PIERCE FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered. |   |  |  |
| SIGNATURE: <i>Bruce Smith</i>  |   | Date: <i>3/16/05</i> Telephone: <i>772 468 3125</i>  |  |

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01142005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2663682 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required