


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90006 042 ****61.25

DOCUMENT # 766031

1. Entity Name
AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
835 20TH PL
VERO BEACH, FL 32960 US

Mailing Address
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

401000033



2. Principal Place of Business
355 South Ocean Drive

3. Mailing Address
355 South Ocean Drive

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

05192006 Chg-NP CR2E037 (4/06)

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

Zip
34949

Country
US

Zip
34949

Country
US

4. FEI Number
59-2663682

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FORTE, LORRAINE H
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

7. Name and Address of New Registered Agent

Name
Signature Property Management

Street Address (P.O. Box Number is Not Acceptable)
969 South Federal Hwy, Suite #901

~~STUART~~

City
STUART

State
FL

Zip Code
34994

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 **Mukul A. Mehta** **LIAM for Signature Property Mgmt.** **7/14/06**

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

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KAREKOS, PETER 335 S OCEAN DR, # 805 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, BRUCE 355 S OCEAN DRIVE 803 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CRAMER, STEVEN 355 S OCEAN DR, # 804 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATSON, LOIS 355 S OCEAN DR., #304 FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WITTENMYER, ROBERT 335 S OCEAN DR, # 801 FORT PIERCE, FL 34949 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Harry McIntyre 355 S. OCEAN DRIVE #404 FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Linda West Kennedy 355 S. OCEAN DR. #106 FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Richard Kulczynski 355 S. OCEAN DRIVE #503 FORT PIERCE, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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 exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert M. Wittenmyer** **Robert M. WITTENMYER** **7/12/2006** **502-4735** **3546**

Signature and typed or printed name of signing officer or director Date Daytime Phone #