


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90094 039 ****61.25

DOCUMENT # 766031 1. Entity Name AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 355 SOUTH OCEAN AVE SUITE 100 FORT PIERCE, FL 34949 US			Mailing Address 355 SOUTH OCEAN AVE SUITE 100 FORT PIERCE, FL 34949 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIGNATURE PROPERTY MANAGEMENT 969 SOUTH FEDERAL HWY SUITE 401 STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D KAREKOS, PETER <input checked="" type="checkbox"/> Delete		TITLE	PD SMITH, BRUCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	335 S OCEAN DR, # 805		NAME	355 S. OCEAN DR. # 803	
STREET ADDRESS	FORT PIERCE, FL 34949		STREET ADDRESS	FORT PIERCE, FL 34949	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD MCINTYRE, HARRY <input checked="" type="checkbox"/> Delete		TITLE	VD POSTER, JOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	355 SOUTH OCEAN DR SUITE 404		NAME	355 S. OCEAN DR. # 101	
STREET ADDRESS	FORT PIERCE, FL 34949		STREET ADDRESS	FORT PIERCE, FL 34949	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD KENNEDY, LINDA W <input type="checkbox"/> Delete		TITLE		
NAME	355 SOUTH OCEAN DR SUITE 406		NAME		
STREET ADDRESS	FORT PIERCE, FL 34949		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D KULCZYNSKI, RICHARD <input checked="" type="checkbox"/> Delete		TITLE	D IRISH, KEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	355 SOUTH OCEAN DR SUITE 503		NAME	355 S. OCEAN DR. # 201	
STREET ADDRESS	FORT PIERCE, FL 34949		STREET ADDRESS	FORT PIERCE, FL 34949	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD WITTENMYER, ROBERT <input type="checkbox"/> Delete		TITLE		
NAME	335 S OCEAN DR, # 801		NAME		
STREET ADDRESS	FORT PIERCE, FL 34949		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert M Wittenmyer</i>			<i>Robert M Wittenmyer</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

*11/1/2008
502-435-3546*