

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 21, 2009**  
**Secretary of State**

DOCUMENT# 766031

**Entity Name:** AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**355 SOUTH OCEAN AVE  
SUITE 100  
FORT PIERCE, FL 34949 US**New Principal Place of Business:****Current Mailing Address:**355 SOUTH OCEAN AVE  
SUITE 100  
FORT PIERCE, FL 34949 US**New Mailing Address:****FEI Number:** 59-2663682      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORNETT, JANE L ESQ  
401 E. OSCEOLA ST  
STUART, FL 34994 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D      ( ) Delete  
**Name:** SMITH, BRUCE  
**Address:** 355 S. OCEAN DR. #803  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** P      ( ) Delete  
**Name:** DOSTER, JOE  
**Address:** 355 S. OCEAN DR. #101  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** S      ( ) Delete  
**Name:** BURLINGAME, SYLVIA PUGH  
**Address:** 355 S. OCEAN DR #302  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** VP      ( ) Delete  
**Name:** IRISH, KEN  
**Address:** 355 S. OCEAN DR. #201  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** T      ( ) Delete  
**Name:** DOSTER, JOE  
**Address:** 335 S OCEAN DR, # 101  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P      (X) Change ( ) Addition  
**Name:** DOSTER, JOE  
**Address:** 355 S. OCEAN DR. #101  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** VP      (X) Change ( ) Addition  
**Name:** IRISH, KEN  
**Address:** 355 S. OCEAN DR. #201  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** S      (X) Change ( ) Addition  
**Name:** PUGH, SYLVIA  
**Address:** 355 S. OCEAN DR #302  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** T      (X) Change ( ) Addition  
**Name:** DOSTER, JOE  
**Address:** 355 S. OCEAN DR. #101  
**City-St-Zip:** FORT PIERCE, FL 34949**Title:** D      (X) Change ( ) Addition  
**Name:** BURDGICK, PAM  
**Address:** 6854 TIBURON DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433**Title:** D      ( ) Change (X) Addition  
**Name:** WINK, WILLIAM  
**Address:** 355 S. OCEAN DR. #808  
**City-St-Zip:** FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE DOSTER

P

10/21/2009

Electronic Signature of Signing Officer or Director

Date