## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 10, 2003 8:00 am Secretary of State DOCUMENT # 766031 04-10-2003 90062 015 \*\*\*\*61.25 1. Entity Name AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O ELLIOTT MERRILL COMM. MGMT 28-N-CAUSEWAY SR SUITE 3 2905-N-A1A-1405-12TH-STREET-VERO BEACH FL 32960 FT\_PIERCE\_FL\_34949 US. U\$ Principal Place of Business Mailing Address Place adh W Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2663682 Applied For RNO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MERRILL, CRAIG is Not Acceptable) O. Box 28 N CAUSEWAY DRIVE SUITE 3 FT PIERCE FL 34949 Zip Code 8. The above named entity subports 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 Signature, typed or printed name o registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD TITLE TITLE ☐ Change ☐ Addition Delete NAME MCINTYRE, HARRY NAME 355 S OCEAN DRIVE #404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE FL 34949 CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE SINGER, SEYMOUR NAME NAME STREET ADDRESS 1000 QUAYSIDE TERRACE #701 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 ----CITY-ST-ZIP. PD ☐ Delete ☐ Change TITLE TITLE Addition SMITH, BRUCE NAME NAME 355 S OCEAN DRIVE 803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34949 CITY-ST-ZIP **VPD** TITLE TITLE Change ☐ Addition ☐ Delete MCKEEN, WILLIAM NAME NAME 355 S OCEAN DR #807 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34949 CITY-ST-ZIP Sec/Director TITLE ☐ Delete TITLE Change Change ☐ Addition SAMPSON, PAUL NAME NAME STREET ADDRESS 355 S OCEAN DRIVE 107 STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34949 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Jackson, margareta j NAME NAME

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 the receiver or trustee ampowered 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 empoyered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

355 S OCEAN DR #301

FORT PIERCE FL 34949

FILED