

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000242

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** AVALON DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

599 SCENIC GULF DR.  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

546 MARY EASTHER CUT -OFF  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-3692123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESORTQUEST INTERNATIONAL  
ANGELA ROGERS  
546 MARY ESTHER CUT-OFF  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

RESORTQUEST NWFL  
ANGELA ROGERS  
546 MARY ESTHER CUT-OFF  
FORT WALTON BEACH, FL 32548 US

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: ANGELA ROGERS

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FISHER, BOB  
Address: 3705 CLASSIC DRIVE SOUTH  
City-St-Zip: MEMPHIS, TN 38125

Title: VP  
Name: DUGAS, ROLAND  
Address: 400 OAKLEAF DRIVE  
City-St-Zip: LAFAYETTE, LA 70503

Title: STD  
Name: GRANTHAM, JAMES SR  
Address: 599 SCENIC GULF DRIVE, UNIT 103  
City-St-Zip: MIRAMAR BEACH, FL 32550

I hereby 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 all other like empowered.

SIGNATURE: BOB FISHER

P

01/11/2011

Electronic Signature of Signing Officer or Director

Date