

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12331 (7)**
1. Corporation Name
AVALON BEACH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: % HAMILTON, EUGENE, 2704 DELUNA WAY, AVALON BEACH FL 32583
Mailing Address: % HAMILTON, EUGENE, 2704 DELUNA WAY, AVALON BEACH FL 32583

3. Date Incorporated or Qualified: 11/27/1985
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business: 21 c/o Schang, Venetta, 4838 San Miguel St., Avalon Beach FL 32583
2a. Mailing Address: 26 c/o Schang Venetta, 4838 San Miguel St., Avalon Beach FL 32583
22 City & State: 23 Avalon Beach FL
27 City & State: 28 Avalon Beach FL
24 Zip: 25 U.S.A.
29 Zip: 30 U.S.A.

4. FEI Number: 59-2650280
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HAMILTON, EUGENE, 2704 DELUNA WAY, AVALON BEACH FL 32583
10. Name and Address of New Registered Agent: 81 Name: Schang Venetta, 82 Street Address: 4838 San Miguel St., 83, 84 City: Avalon Beach FL, 85 Zip Code: 32583

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Venetta G. Schang Venetta G. Schang DT 2/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHANG, ARTHUR		1.2 NAME: Hamilton, Michelle	
STREET ADDRESS: 104 SAN MIGUEL ST		1.3 STREET ADDRESS: 5036 San Pedro Ct	
CITY-ST-ZIP: AVALON BEACH FL		1.4 CITY-ST-ZIP: Avalon Beach FL 32583	
TITLE: DS	<input type="checkbox"/> DELETE	2.1 TITLE: OS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAMILTON, MICHELE		2.2 NAME: Mary Ann Stokes	
STREET ADDRESS: 5036 SAN PEDRO CT		2.3 STREET ADDRESS: 2716 Sea Lark Ln.	
CITY-ST-ZIP: AVALON BEACH FL		2.4 CITY-ST-ZIP: Avalon Beach FL 32583	
TITLE: DT	<input type="checkbox"/> DELETE	3.1 TITLE: DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAMILTON, EUGENE W		3.2 NAME: Schang Venetta	
STREET ADDRESS: 2704 DELUNA WAY		3.3 STREET ADDRESS: 4838 San Miguel St.	
CITY-ST-ZIP: MILTON FL		3.4 CITY-ST-ZIP: Avalon Beach FL 32583	
TITLE: DV	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GROOTHUIS, THOMAS		4.2 NAME:	
STREET ADDRESS: 2729 DE LUNA WAY		4.3 STREET ADDRESS:	
CITY-ST-ZIP: AVALON BEACH FL		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Venetta G. Schang Venetta G. Schang DT 2/19/96 904-994-4963
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)