

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90086 021 ****61.25

DOCUMENT # N12331

1. Entity Name

AVALON BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SCHANG, VENETTA
 4838 SAN MIGUEL STREET
 AVALON BEACH FL 32583
 US

C/O SCHANG VENETTA
 4838 SAN MIGUEL STREET
 AVALON BEACH FL 32583-5629
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2650280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHANG, VENETTA
 4838 SAN MIGUEL STREET
 AVALON BEACH FL 32583

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP Delete
 NAME: BUTLER, JOHN
 STREET ADDRESS: 701 35TH AVE.
 CITY-ST-ZIP: AVALON BEACH FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: DS Delete
 NAME: BUTLER, GLORIA
 STREET ADDRESS: 701 35TH AVE.
 CITY-ST-ZIP: AVALON BEACH FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: DT Delete
 NAME: SCHANG, VENETTA
 STREET ADDRESS: 4838 SAN MIGUEL STREET
 CITY-ST-ZIP: AVALON BEACH FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: DV Delete
 NAME: AVERY, MIKE
 STREET ADDRESS: 3221 SANTA MONICA ST.
 CITY-ST-ZIP: AVALON BEACH FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 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: *Venetta J. Schang*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-26-00 (850)994-4963
 Date Daytime Phone #

CR2E037 (9/99)