

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90168 041 ****70.00

DOCUMENT # N12331

1. Entity Name
AVALON BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business C/O SCHANG, VENETTA 4838 SAN MIGUEL STREET AVALON BEACH FL 32583 US	Mailing Address C/O SCHANG VENETTA 4838 SAN MIGUEL STREET AVALON BEACH FL 32583 US
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2. Principal Place of Business C/O <i>VONNIE FUGUA</i>	3. Mailing Address 4549 <i>Mulat Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <i>Milton, FL</i>	City & State	4. FEI Number 59-2650280	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32583</i>	Country <i>Santa Rosa</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SCHANG, VENETTA
4838 SAN MIGUEL STREET
AVALON BEACH FL 32583

7. Name and Address of New Registered Agent
 Name *FUGUA, VONNIE*
 Street Address (P.O. Box Numbers Not Acceptable)
4549 Mulat Rd
 City *MILTON* FL Zip Code *32583*

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 *V M Fugua* DATE *4/2/02*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTLER, JOHN 701 35TH AVE. AVALON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUTLER, GLORIA 701 35TH AVE. AVALON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHANG, VENETTA 4838 SAN MIGUEL STREET AVALON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AVERY, MIKE 3221 SANTA MONICA ST. AVALON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYNN Laundry 57999 <i>Mulat Rd</i> MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Scott Haines 3033 <i>N 28th Ave</i> MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VONNIE FUGUA 4549 <i>Mulat Rd</i> MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VONNIE FUGUA 4549 <i>Mulat Rd</i> MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *V M Fugua* DATE *4/2/02* 950 994 6807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)