


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90113 006 ****66.25

DOCUMENT # N12331					
1. Entity Name AVALON BEACH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business BA P.O. A INC. MILTON FL 32583 US			Mailing Address 4549 MULAT RD. MILTON FL 32583 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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUQUA, VONNIE 4549 MULAT ROAD MILTON FL 32583				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	GARY N. IVES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, SCOTT		NAME	4989 Galaxy St. Pres	
STREET ADDRESS	3033 N 25TH AVE		STREET ADDRESS	Milton, Fla 32583	
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	William H. Bass	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUQUA, VONNIE		NAME	4940 San Miguel Vice	
STREET ADDRESS	4549 MULAT ROAD		STREET ADDRESS	Milton, Fla 32583 Pres.	
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, WILLIAM H		NAME	MARANNE Richardson	
STREET ADDRESS	4940 SAN MIGUEL		STREET ADDRESS	5033 SAN MIGUEL	
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP	AVALON BEACH, FL 32583	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVES, GARY N		NAME	VONNIE FUQUA	
STREET ADDRESS	4989 GALAXY STREET		STREET ADDRESS	4549 MULAT RD	
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP	MILTON, FL 32583	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MARIANNE		NAME		
STREET ADDRESS	5053 SAN MIGUEL ST.		STREET ADDRESS		
CITY-ST-ZIP	AVALON BEACH FL 32583		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V M Fuqua
5/10/05

Date

Daytime Phone #