


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90004 029 \*\*\*\*61.25

<b>DOCUMENT # N12331</b>			
1. Entity Name <b>AVALON BEACH PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>BA P.O. A INC. MILTON FL 32583 US</b>		Mailing Address <b>4549 MULAT RD. MILTON FL 32583 US</b>	
2. Principal Place of Business		3. Mailing Address <b>4940 SAN MIGUEL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MILTON, FL</b>	
Zip	Country	Zip	Country
		<b>32583</b>	<b>FL</b>



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>FUQUA, VONNIE 4549 MULAT ROAD MILTON FL 32583</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM H. BASS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4940 SAN MIGUEL</b> City <b>MILTON</b> <b>FL</b> Zip Code <b>32583</b>	
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 <b>William H. Bass</b> DATE <b>2/15/06</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAINES, SCOTT 3033 N 25TH AVE MILTON FL 32583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FUQUA, VONNIE 4549 MULAT ROAD MILTON FL 32583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BASS, WILLIAM H 4940 SAN MIGUEL MILTON FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IVES, GARY N 4989 GALAXY STREET MILTON FL 32583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, MARIANNE 5033 SAN MIGUEL AVALON BEACH FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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: **Marianne B. Richardson**

**2/15/06**