


**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

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 4940 SAN MIGUEL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MILTON, FL	
Zip	Country	Zip 32583	Country FL



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2650280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FUQUA, VONNIE 4549 MULAT ROAD MILTON FL 32583		Name WILLIAM H. BASS	
		Street Address (P.O. Box Number is Not Acceptable) 4940 SAN MIGUEL	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>William H. Bass</i>		DATE 2/15/06	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	

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