

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21491

1. Entity Name

AVON BY THE SEA RESIDENTS' ASSOCIATION INC.

Principal Place of Business

5930 RIDGEWOOD AVE.
COCOA BEACH FL 32931

Mailing Address

310 MCKINLEY AVE.
COCOA BEACH FL 32931-4510

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

59-2849098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUROCHER, JAMES
310 MCKINLEY AVE
COCOA BEACH FL 32931

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.

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

TITLE PD ☐ Delete
NAME WALDEN, STAN
STREET ADDRESS 216 ROOSEVELT
CITY-ST-ZIP COCOA BEACH FL

TITLE SDA ☐ Delete
NAME SHERLOCK, JANICE
STREET ADDRESS 5930 RIDGEWOOD
CITY-ST-ZIP COCOA BEACH FL

TITLE VD ☐ Delete
NAME NELSON, MARK
STREET ADDRESS 207 ARTHUR AVE
CITY-ST-ZIP COCOA BEACH FL

TITLE TD ☐ Delete
NAME DUROCHER, JIM
STREET ADDRESS 310 MCKINLEY AVENUE
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James Durocher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 321-784-2452



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)