2004 NOT-FOR-PROFIT CORPORATION

COCOA BEACH FL

DUROCHER, JIM

LETO, MARCIE

COCOA BEACH FL

310 MCKINLEY AVENUE

6416 RIDGEWOOD AVE

COCOA BEACH FL 32931

CITY-ST-708

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FILED ANNUAL REPORT (AR) Feb 11, 2004 8:00 am Secretary of State DOCUMENT # N21491 1. Entity Name 02-11-2004 90012 012 ****61.25 AVON BY THE SEA RESIDENTS' ASSOCIATION INC. Principal Place of Business Mailing Address 310 MCKINLEY AVE. COCOA BEACH FL 32931 5930 RIDGEWOOD AVE. COCOA BEACH FL 32931 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2849098 Not Applicable Żip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUROCHER, JAMES Street Address (P.O. Box Number is Not Acceptable) 310 MCKINLEY AVE COCOA BEACH FL 32931 City 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 Signature, types 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete ☐ Change ■ Addition TITLE TITLE WALDEN, STAN NAME NAME 216 ROOSEVELT STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE SHERLOCK, JANICE NAME NAME 5930 RIDGEWOOD STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 🔀 Delete TITLE NELSON, MARK NAME NAME 207 ARTHUR AVE STREET ADDRESS STREET ADDRESS

VP Brett Hitchins 140 Harding Ave Cocoa Beach FL 32931 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.

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procher Transver James M. Durochen 2-5-04 321-784-2452