

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 032 ****61.25

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. 216 ROOSEVELT AVE.
COCOA BEACH, FL 32931**

40109703



04212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 Stan Walden, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-23-2007
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WALDEN, STAN
216 ROOSEVELT
COCOA BEACH, FL 329313960**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DUROCHER, JIM
310 MCKINLEY AVENUE
COCOA BEACH, FL 329314514**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**RS
LETO, MARCIE
6416 RIDGEWOOD AVE
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
HITCHINS, BRETT
140 HARDING AVE
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Stan Walden, STAN WALDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2007 321-783-4461
Date Daytime Phone #