

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

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



04142008 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000945716
05/30/08-80019-018 61.25

**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

4-28-2007
Date

321-783-4461
Daytime Phone #