

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003309

FILED
May 23, 2007
Secretary of State

Entity Name: AVALON BEACH ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

23 ALCOLON COVE.
DESTIN, FL 32550 US

New Principal Place of Business:

23 ALCOLON COVE.
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

P.O. BOX 9296
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3253554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOURNE, MARCIA
23 ALCOLON COVE
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

BOURNE, MARCIA
23 ALCOLON COVE
MIRAMAR BEACH, FL 32550 US

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: _____

05/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SELLA, DAVID
Address: 610 AVALON BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: DVP () Delete
Name: STUCK, RITA
Address: 552 AVALON BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: DS () Delete
Name: JOHNSON, MARTY
Address: 413 AVALON BLVD
City-St-Zip: DESTIN, FL 32550

Title: DT () Delete
Name: BOURNE, MARCIA
Address: 23 ALCOLON COVE
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: JOHNSON, MARTY
Address: 413 AVALON BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: DT (X) Change () Addition
Name: BOURNE, MARCIA
Address: 23 ALCOLON COVE
City-St-Zip: MIRAMAR BEACH, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA E. BOURNE

TREA

05/23/2007

Electronic Signature of Signing Officer or Director

Date