

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003309**

1. Entity Name  
**AVALON BEACH ESTATES OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**23 ALCOLON COVE,  
MIRAMAR BEACH, FL 32550 US**

Mailing Address  
**P.O. BOX 9296  
MIRAMAR BEACH, FL 32550 US**



01302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3253554**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

000000822333  
02/27/08-80055-005 61.25

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | P                       |
| NAME           | SELLA, DAVID            |
| STREET ADDRESS | 610 AVALON BLVD         |
| CITY-ST-ZIP    | MIRAMAR BEACH, FL 32550 |
| TITLE          | DVP                     |
| NAME           | STUCK, RITA             |
| STREET ADDRESS | 552 AVALON BLVD         |
| CITY-ST-ZIP    | MIRAMAR BEACH, FL 32550 |
| TITLE          | DS                      |
| NAME           | JOHNSON, MARTY          |
| STREET ADDRESS | 413 AVALON BLVD         |
| CITY-ST-ZIP    | MIRAMAR BEACH, FL 32550 |
| TITLE          | DT                      |
| NAME           | BOURNE, MARCIA          |
| STREET ADDRESS | 23 ALCOLON COVE         |
| CITY-ST-ZIP    | MIRAMAR BEACH, FL 32550 |
| 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:**

*Marcia E. Bourne* **MARCIA BOURNE**

*2/14/08*

*850-650-5872*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #