

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003309

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: AVALON BEACH ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

23 ALCOLON COVE  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**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 (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: MIRAMAR BEACH, FL 32550

Title: DT ( ) Delete  
Name: BOURNE, MARCIA  
Address: 23 ALCOLON COVE  
City-St-Zip: MIRAMAR BEACH, 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: DAVIS, TERI  
Address: 140 AVALON BLVD  
City-St-Zip: MIRAMAR BEACH, FL 32550

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

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 BOURNE

DT

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date