

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766031

Entity Name: AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 01, 2022
Secretary of State
4494587539CC

Current Principal Place of Business:

355 SOUTH OCEAN AVE
SUITE 100
FORT PIERCE, FL 34949

Current Mailing Address:

C/O WATSON ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 US

FEI Number: 59-2663682

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 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: KATHERINE PASS

02/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PEPPERS, JEAN
Address C/O WATSON ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name REYNOLDS, PATRICIA
Address C/O WATSON ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER, SECRETARY
Name WITTENMYER, RAEDELE
Address C/O WATSON ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name FICKENWIRTH, FRED
Address C/O WATSON ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name BURDGICK, PAMELA
Address C/O WATSON ASSOCIATION MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: JEAN PEPPERS

PRESIDENT

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date