

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766031

**Entity Name:** AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

**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

04/07/2023

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            FICKENWIRTH, FRED  
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            MEGNA, KAREN  
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

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date