

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N18000008837

Entity Name: HOMEOWNERS ASSOCIATION OF AVALON COVE, INC.

Current Principal Place of Business:

C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD. STE 200
WINDERMERE, FL 34786

Current Mailing Address:

C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD. STE 200
WINDERMERE, FL 34786 US

FEI Number: 86-1693597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEACON COMMUNITY MANAGEMENT
C/O BEACON COMMUNITY MANAGEMENT
9100 CONROY WINDERMERE RD. STE 200
WINDERMERE, FL 34786 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: SCOTT ST. CLAIR

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name WARD, MICHAEL J
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD. STE
200
City-State-Zip: WINDERMERE FL 34786

Title TREASURER
Name FORREST, MARC
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD. STE
200
City-State-Zip: WINDERMERE FL 34786

Title AGENT
Name ST. CLAIR, SCOTT
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD. STE
200
City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT
Name JUSAS, BRIAN
Address C/O BEACON COMMUNITY
MANAGEMENT
9100 CONROY WINDERMERE RD. STE
200
City-State-Zip: WINDERMERE FL 34786

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: SCOTT ST. CLAIR

AGENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date