2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744994

FILED Jan 27, 2009 Secretary of State

Entity Name: BEACH GARDEN "H" ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

110 HISPANIOLA LN.

BONITA SPRINGS, FL 34134 US

Current Mailing Address: New Mailing Address:

1797 SCIOTO POINTE DR. COLUMBUS, OH 43221

FEI Number: 59-2474386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOYD, SUSAN DENNIS, JANE

109 INÁGUA LANE 110 HISPANIOLA LANE

BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 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: JANE E. DENNIS 01/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: () Change () Addition

 Name:
 PHIL, S. LOYD
 Name:

 Address:
 109 INAGUA LANE
 Address:

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 GEORGIA ANN, S-FALKINHAM
 Name:

 Address:
 108 HISPANIOLA LANE
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 STINGL, DAN
 Name:

 Address:
 227 BAREFOOT BEACH BLVD
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:

Title: TRES () Delete Title: TRES (X) Change () Addition

Name:LOYD, SUSANName:DENNIS, JANEAddress:109 INAGUA LNAddress:110 HISPANIOLA LANECity-St-Zip:BONITA SPRINGS, FL 34134City-St-Zip:BONITA SPRINGS, FL 34134

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: JANE DENNIS TRES 01/27/2009