

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:38

DOCUMENT # 755324 (1)

1. Corporation Name
BEACH HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
9750 GULF BLVD. 9750 GULF BLVD.
6-C 6-C
TREASURE ISLAND FL 33706-3212 TREASURE ISLAND FL 33706-3212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1980 3a. Date of Last Report 10/18/1994
4. FEI Number 59-3039562 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GRIDER, J.W.
9750 GULF BLVD.
UNIT 6
TREASURE ISLAND FL 33706-3212

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIDER, J.W.	1.2 NAME	
STREET ADDRESS	9750 GULF BLVD. UNIT 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706-3212	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPMAN, ARNOLD J.	2.2 NAME	
STREET ADDRESS	9750 GULF BLVD., APT. 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPMAN, LYNN B.	3.2 NAME	REMOVE
STREET ADDRESS	9750 GULF BLVD., APT. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, SARA	4.2 NAME	DIRECTOR & SECRETARY
STREET ADDRESS	9750 GULF BLVD., APT. 5	4.3 STREET ADDRESS	SAVAGE, SARA
CITY-ST-ZIP	TREASURE ISLAND FL	4.4 CITY-ST-ZIP	9750 GULF BLVD. APT 5 TREASURE ISLAND, FL 33706
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.W. Grider (President) 1-18-95 813-360-4343
Signature and typed or printed name of signing officer or director Date (Month/Year)