

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90069 020 ****70.00

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DOCUMENT # 755324

1. Entity Name

BEACH HAVEN CONDOMINIUM ASSOCIATION, INC.

(Handwritten mark)

Principal Place of Business

Mailing Address

9750 GULF BLVD.
 6-C
 TREASURE ISLAND FL 33706-3212

9750 GULF BLVD.
 6-C
 TREASURE ISLAND FL 33706-3212

2. Principal Place of Business

3. Mailing Address

P.O. Box 66568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETE BEACH FL

4. FEI Number

59-3039562

Applied For

Not Applicable

Zip

Country

Zip

Country

33736-6568

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIDER, J.W.
9750 GULF BLVD.
UNIT 6
TREASURE ISLAND FL 33706-3212

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

(Handwritten Signature)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/12/2001

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIDER, J.W. 9750 GULF BLVD. UNIT 6 TREASURE ISLAND FL 33706-3212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAPP, ALFORD E. R 9750 GULF BLVD. APT 7 TREASURE ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUADE, JOANNE 9750 GULF BLVD APT. 2 TREASURE ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Handwritten Signature)

8/12/01

727-363-3256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)