

**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

Amended  
FILED

04 SEP 15 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07262004 Chg-NP CR2E037 (10/03)

DOCUMENT # 755324

1. Entity Name  
BEACH HAVEN CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address  
PO BOX 66568  
ST PETE BEACH, FL 33736

2. Principal Place of Business  
9750 GULF BLVD  
Suite, Apt. #, etc.  
5

3. Mailing Address  
9750 GULF BLVD, UNIT 5  
Suite, Apt. #, etc.  
5

City & State  
~~TREASURE ISLAND, FL~~  
Zip  
33706

City & State  
TREASURE ISLAND, FL  
Zip  
33706

4. FEI Number  
59-3039562

Applied For  
Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
FINNEY-RILEY, COLLEEN M.  
Street Address (P.O. Box Number is Not Acceptable)  
9750 GULF BLVD, 5

City  
TREASURE ISLAND  
FL  
Zip Code  
33706

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jerry W. Grider*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

15 August, 2004  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIDER, J.W. 9750 GULF BLVD. UNIT 6 TREASURE ISLAND, FL 337063212	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAPP, ALFORD E. R. 9750 GULF BLVD. APT 7 TREASURE ISLAND, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HYMAN, JEFFREY W 9750 GULF BLVD. APT#2 TREASURE ISLAND, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FINNEY-RILEY, COLLEEN M. 9750 GULF BLVD, UNIT 5 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCJENNETT ROBERT 9750 GULF BLVD, UNIT 1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad

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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 changed, or on an attachment with an address, with all other like empowered.

*Jerry W. Grider* *Colleen M. Riley-Finney*