

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755324

FILED
Mar 29, 2005
Secretary of State

Entity Name: BEACH HAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9750 GULF BLVD.
5
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

9750 GULF BLVD.
5
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-3039562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNEY-RILEY, COLLEEN M
9750 GULF BLVD.
5
TREASURE ISLAND, FL 337063212 US

Name and Address of New Registered Agent:

RILEY-FINNEY, COLLEEN M
9750 GULF BLVD.
5
TREASURE ISLAND, FL 337063212 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: COLLEEN M. RILEY-FINNEY 03/29/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FINNEY-RILEY, COLLEEN M
Address: 9750 GULF BLVD. UNIT 5
City-St-Zip: TREASURE ISLAND, FL 337063212

Title: VPD () Delete
Name: MCJENNETT, ROBERT
Address: 9750 GULF BLVD. APT 1
City-St-Zip: TREASURE ISLAND, FL

Title: DS () Delete
Name: HYMAN, JEFFREY W
Address: 9750 GULF BLVD. APT#2
City-St-Zip: TREASURE ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: RILEY-FINNEY, COLLEEN M
Address: 9750 GULF BLVD. UNIT 5
City-St-Zip: TREASURE ISLAND, FL 337063212

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLLEEN M. RILEY-FINNEY PRES 03/29/2005

Electronic Signature of Signing Officer or Director Date