


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755324</b>	
1. Entity Name BEACH HAVEN CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9750 GULF BLVD. 5 TREASURE ISLAND, FL 33706	Mailing Address 9750 GULF BLVD. 5 TREASURE ISLAND, FL 33706
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3039562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY-FINNEY, COLLEEN M  
 9750 GULF BLVD.  
 5  
 TREASURE ISLAND, FL 33706-3212

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RILEY-FINNEY, COLLEEN M 9750 GULF BLVD. UNIT 5 TREASURE ISLAND, FL 337063212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HYMAN, JEFFREY W 9750 GULF BLVD. APT#2 TREASURE ISLAND, FL
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 03/20/08-80008-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Colleen M Riley Finney* **1/31/08 727 3606433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #