

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 015 ****61.25

DOCUMENT # N06000005269
 1. Entity Name
BEACH HAVEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
432 OSCEOLA AVENUE **432 OSCEOLA AVENUE**
JACKSONVILLE BEACH, FL 32250 **JACKSONVILLE BEACH, FL 32250**

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40101200



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
20-4904151 Not Applicable

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

6. Name and Address of Current Registered Agent
MCGARVEY, JAMES N JR.
81 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH, FL 32082

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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 reinstating)

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	P MCGARVEY, JAMES N JR. 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTSON, DINAH K Robertson, Dinah K 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, PATRICIA H 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Dinah K. Robertson* Date: 1-17-08 Daytime Phone #: 904-217-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #