

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005269

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC7462383865**

**Entity Name:** BEACH HAVEN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

81 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

81 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 20-4904151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCGARVEY, JAMES NJR.  
81 PONTE VEDRA BOULEVARD  
PONTE VEDRA BEACH, FL 32082 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MCGARVEY, JAMES NJR.  
Address 81 PONTE VEDRA BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T  
Name ROBERTSON, DINAH K  
Address 81 PONTE VEDRA BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name EMORY, JOHN  
Address 81 PONTE VEDRA BLVD.  
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR  
Name KOPEC, BRIAN  
Address 81 PONTE VEDRA BLVD.  
City-State-Zip: PONTE VEDRA FL 32082

Title SECRETARY  
Name MCGARVEY, MATT  
Address 81 PONTE VEDRA BLVD.  
City-State-Zip: PONTE VEDRA FL 32082

*I hereby 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 all other like empowered.*

**SIGNATURE:** DINAH K ROBERTSON

**TREASURER**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date