2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# 702806

Entity Name: BEACHAVEN ASSOCIATION INC

Current Principal Place of Business:

5858 MIDNIGHT PASS
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

ANGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD, #118 A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-0946742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMILLI, JOELLE CMCA
C/O ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD, #118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

HACKETT, KATE CMCA
C/O ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD, #118A
SARASOTA, FL 34231 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: KATE HACKETT 07/03/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HELEN, CLIFFORD
Address: 5858 MIDNIGHT PASS RD 25
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete
Name: ROSE, DORIS
Address: 5858 MIDNIGHT PASS RD. 12
City-St-Zip: SARASOTA, FL 34242

Title: V ( ) Delete
Name: BOHANNON, JOHN
Address: 5858 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete
Name: CROWHURST, KEN
Address: 5858 MIDNIGHT PASS RD. 54
City-St-Zip: SARASOTA, FL 34242

Title: VP ( ) Delete
Name: BOHANNON, DOUG
Address: 5858 MIDNIGHT PASS RD. 26
City-St-Zip: SARASOTA, FL 34242

Title: S ( ) Delete
Name: ENGH, IRENE
Address: 5858 MIDNIGHT PASS RD #13
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: HELEN CLIFFORD D 07/03/2006
Electronic Signature of Signing Officer or Director — Date