2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State
01-29-2007 90086 010 ****61.25

DOCUMENT # 702806

1. Entity Name

BEACHAVEN ASSOCIATION INC

Principal Place of Business	Mailing Address
5858 MIDNIGHT PASS SARASOTA FL 34242	Argus ~~ARGUS~~ PROPERTY MANAGEMENT 2477 STICKNEY POINT ROAD, #118 A SARASOTA FL 34231

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0946742 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKETT, KATE CMCA C/O ARGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT ROAD, #118A SARASOTA FL 34231	Name CARTER DONNA J Street Address (P.O. Box Number is Not Acceptable) 5858 MIDNIGHT PASS RD #37 City SARASOTA FL Zip Code 34242

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 Donna J Carter DONNA J. CARTER 2/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HELEN, CLIFFORD 5858 MIDNIGHT PASS RD 25 SARASOTA FL 34242	☒ Delete	P CROWHURST, KEN 5858 MIDNIGHT PASS RD #6 SARASOTA FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROSE, DORIS 5858 MIDNIGHT PASS RD. 12 SARASOTA FL 34242	☒ Delete	VP WOOD, JANET 5858 MIDNIGHT PASS RD #3 SARASOTA FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~V~~ D BOHANNON, JOHN #15 5858 MIDNIGHT PASS RD SARASOTA FL 34242	CHANGE ☐ Delete	T DULING, WILLIAM 5858 MIDNIGH PASS RD #27 SARASOTA FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MESSAM, BRIAN ~~CROWHURST, KEN~~ 5858 MIDNIGHT PASS RD. ~~54~~ #10 SARASOTA FL 34242	CHANGE	I SEC. NOLAND, LAURA 5858 MIDNIGHT PASS RD #57 SARASOTA FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~VP~~ D BOHANNON, DOUG 5858 MIDNIGHT PASS RD. 26 SARASOTA FL 34242	CHANGE ☐ Delete	D ROGLER, PHILIP 5858 MIDNIGHT PASS RD #58 SARASOTA, FL 34242	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S ENGH, IRENE 5858 MIDNIGHT PASS RD #13 SARASOTA FL 34242	☒ Delete	D HUDSON, JOHN 5858 MIDNIGHTPASS RD #50 SARASOTA, FL 34242	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KEN CROWHURST X KEN Crowhurst PRES, 2/16/08 349-40383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #