

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

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90012 028 \*\*\*\*61.25

DOCUMENT # 702806			
1. Entity Name BEACHAVEN ASSOCIATION INC			
Principal Place of Business 5858 MIDNIGHT PASS SARASOTA, FL 34242		Mailing Address ANGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT ROAD, #118 A SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 5858 Midnight Pass Rd		3. Mailing Address 5858 Midnight Pass Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34242	Country Sarasota	Zip 34242	Country Sarasota
6. Name and Address of Current Registered Agent <del>CARTER DONNA J 5858 MIDNIGHT PASS RD #37 SARASOTA, FL 34242</del>		7. Name and Address of New Registered Agent Name: Gwen Propst Street Address (P.O. Box Number is Not Acceptable): 5858 Midnight Pass Rd 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: <u>Gwen Propst</u>		DATE: <u>1-18-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CROWHURST, KEN 5858 MIDNIGHT PASS RD #6 SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Helen Clifford 5858 Midnight Pass Rd, 25 Sarasota, FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, JANET 5858 MIDNIGHT PASS RD #3 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phil Rogler 5858 Midnight Pass Rd Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHANNON, JOHN 5858 MIDNIGHT PASS RD #15 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Laura Noland 5858 Midnight Pass Rd #57 Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSAM, BRIAN 5858 MIDNIGHT PASS RD #10 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Hudson 5858 Midnight Pass Rd Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHANNON, DOUG 5858 MIDNIGHT PASS RD. 26 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DULING, WILLIAM 5858 MIDNIGHT PASS RD #27 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Helen C. Clifford, Pres.</u>		Date: <u>1-18-08</u> Daytime Phone #: <u>941-349-4383</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40014350



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0946742 Applied For Not Applicable

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