


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 702806</b> 1. Entity Name <b>BEACHAVEN ASSOCIATION INC</b>					
Principal Place of Business <b>5858 MIDNIGHT PASS SARASOTA, FL 34242</b>			Mailing Address <b>ANGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT ROAD, #118 A SARASOTA, FL 34231</b>		
2. Principal Place of Business - No P.O. Box # <b>5858 Midnight Pass Rd</b>			3. Mailing Address <b>5858 Midnight Pass Rd</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Sarasota FL</b>			City & State <b>Sarasota FL</b>		
Zip <b>34242</b>			Zip <b>34242</b>		
Country <b>Sarasota</b>			Country <b>Sarasota</b>		
4. FEI Number <b>59-0946742</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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 <b>Gwen Propst</b> Street Address (P.O. Box Number is Not Acceptable) <b>5858 Midnight Pass Rd</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34242</b>					
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><i>Gwen Propst</i></u> DATE <u>1-18-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME CROWHURST, KEN STREET ADDRESS 5858 MIDNIGHT PASS RD #6 CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete		TITLE P NAME Helen Clifford STREET ADDRESS 5858 Midnight Pass Rd, 25 CITY-ST-ZIP Sarasota, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WOOD, JANET STREET ADDRESS 5858 MIDNIGHT PASS RD #3 CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE D NAME Phil Rogler STREET ADDRESS 5858 Midnight Pass Rd CITY-ST-ZIP Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BOHANNON, JOHN STREET ADDRESS 5858 MIDNIGHT PASS RD #15 CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE Secretary NAME Laura Noland STREET ADDRESS 5858 Midnight Pass Rd #57 CITY-ST-ZIP Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MESSAM, BRIAN STREET ADDRESS 5858 MIDNIGHT PASS RD #10 CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE D NAME John Hudson STREET ADDRESS 5858 Midnight Pass Rd CITY-ST-ZIP Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BOHANNON, DOUG STREET ADDRESS 5858 MIDNIGHT PASS RD. 26 CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DULING, WILLIAM STREET ADDRESS 5858 MIDNIGHT PASS RD #27 CITY-ST-ZIP 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.					
<b>SIGNATURE: <u>Helen C. Clifford, Pres.</u> <u>Helen C. Clifford</u> <u>1-18-08</u> <u>941-349-4383</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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