

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702806

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BEACHAVEN ASSOCIATION INC

## Current Principal Place of Business:

5858 MIDNIGHT PASS RD  
SARASOTA, FL 34242

## New Principal Place of Business:

## Current Mailing Address:

5858 MIDNIGHT PASS RD  
SARASOTA, FL 34242

## New Mailing Address:

FEI Number: 59-0946742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROPST, GWEN  
5858 MIDNIGHT PAS RD  
SARASOTA, FL 34242      US

## Name and Address of New Registered Agent:

BAJTALOVA, VERONIKA  
5858 MIDNIGHT PAS RD #4  
SARASOTA, FL 34242      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: VERONIKA BAJTALOVA

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete  
Name: WOOD, JANET  
Address: 5858 MIDNIGHT PASS RD #3  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: BOHANNON, JOHN  
Address: 5858 MIDNIGHT PASS RD #15  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: MESSAM, BRIAN  
Address: 5858 MIDNIGHT PASS RD #10  
City-St-Zip: SARASOTA, FL 34242

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

Title: T ( ) Delete  
Name: DULING, WILLIAM  
Address: 5858 MIDNIGHT PASS RD #27  
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: S (X) Change ( ) Addition  
Name: BOHANNON, DOUG  
Address: 5858 MIDNIGHT PASS RD # 26  
City-St-Zip: SARASOTA, FL 34242

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

I hereby certify that the information supplied with this filing does not qualify 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

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date