SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$286.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(8)

BEACH HAVEN GARDENS CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

FILED Jul 30 1997 8:00am Secretary of State



2a. Malling Address 2a. Malling Address 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1996 2. Principal Place of Business 2a. Malling Address 55-0124739 Applied For 55-0124739 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 6. Election Campaign Financing 7. Sp. 00 May Be Added to Fees 2a. Date of Last Report 1. Date of Status Desired 58.75 Additional Fee Required 2a. Date of Last Report 1. Date of Status Desired 58.75 Additional Fee Required 2a. Date of Last Report 55. Certificate of Status Desired 58.75 Additional Fee Required 1. Date of Last Report 55. Certificate of Status Desired 58.75 Additional Fee Required 2a. Date of Last Report 55. Certificate of Status Desired 58.75 Additional Fee Required 1. Date of Last Report 55. Certificate of Status Desired 58.75 Additional Fee Required 1. Date of Last Report 55. Certificate of Status Desired 58.75 Additional Fee Required 1. Date of Last Report 55. Certificate of Status Desired 58.75 Additional Fee Required 1. Date of Last Report 55. Certificate of Status Desired 1. Date of Last Report 55. Certificate of Status Desired 1. Date of Last Report 55. Certificate Status Desired 1. Date of Last Report 55. Certificate 38. Date of Last Report 55. Certificate 38. Date of Last Report 55. Certificate 38. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Last Report 55. Date of Batteria 1. Date of Batteria 1. Date of Batter	DEERFILED BEACH FL 33441		DEERFILED BEACH FL 33441		DO NOT WINTE	IN THE COLOR
2. Principal Place of Business 2. Malling Address 5. Certificate of Status Desired 5. Certificate o						
28					04/29/1975	
Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Suite, Apt. #, etc. Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt.	2. Principal F	Place of Business	2a. Malling Address			Applied For
27 City & State City & State 28 Country Zip Country Added to Fees 29 Souther, JANINE 1962 N.E. & Sth St., APT. 3A DEERFRELD BEACH, FL 33441 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I mamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. City & State City & State B. Election Campaign Financing Trust Fund Contribution B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Yes No Name SOUTHER, JANINE 1962 N.E. &Th St., APT. 3A DEERFRELD BEACH, FL 33441 B. City FL B. Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Eignature, typed or printed rame of registered agent and tille if applicable. (NOTE: Registered Agent) signature required when reinstating) DATE					00-0124739	Not Applicable
City & State City & State City & State City & State Election Campaign Financing S5.00 May Be		i. #, etc.			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,
Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 81 Name SOUTHER, JANINE 1962 N.E. 6TH ST., APT. 3A DEERFIELD BEACH, FL 33441 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
Zip Country Zip Country 28. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10. Na	-	ite	_ `		1	
Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOUTHER, JANINE 1962 N.E. 6TH ST., APT. 3A DEERFIELD BEACH, FL 33441 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE		T Country	- 	Country		
9. Name and Address of Current Registered Agent 81 Name SOUTHER, JANINE 1962 N.E. 6TH ST., APT. 3A DEERFIELD BEACH, FL 33441 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	-	 	⊢ ¬ `	—	•	
SOUTHER, JANINE 1962 N.E. 6TH ST., APT. 3A DEERFIELD BEACH, FL 33441 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	24			30		<u>-</u> . <u>-</u>
SOUTHER, JANINE 1962 N.E. 6TH ST., APT. 3A DEERFELD BEACH, FL 33441 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		5. Halle Alla Address VI Collecti	Hegisteled Agent	81 Name	IV. Hamb and Radioes of New He	Rigidian Vilgilit
1962 N.E. 6TH ST., APT. 3A DEERFIELD BEACH, FL 33441 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Bignature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	COLITUI	ED JANIME		Traine		
33441 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
33441 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				-		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE		ELD BEACH, FL		03		
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	33441			84 City		85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE						1 1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	11. Pursuant office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State o	? and 617.1508, Florida Statute of Florida. Such change was a	is, the above-named outhorized by the corne	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing its registered
Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	agent. I a	am familiar with, and accept the obliga	tions of, Section 617.0503, Flo	rida Statutes.	, and , a death of a death of the second of	
	SIGNATURE					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
						
COLUMN IAMINE		1 **	D OFFEIC	1	Tanu URIIS	7
NAME SOUTHER, JANINE 1.2 NAME		ARAA NI E ATIL ATREET		4	NE LH ST	•
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL00000 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DEERFIELD BEACH, FL00000	STREET ADDRESS			1.3 STREET ADDRESS	NOOTE BUT BEH	7 39.411
CITY-ST-ZIP DEERFIELD BEACH, FL00000 1.4 CITY-ST-ZIP DEERFIELD BEACH, FL00000		<u> </u>			presented ben r	C 2344/
	TITLE	1 !	Q DELETE	2.1 TITLE	DIVERTOR DIVERTOR	Change Addition
NAME BOWERS, JOANNE 22 NAME DR LIDDEL MADDEN	NAME			2.2 NAME	DE LIDDER WADDEN	·
STREET ADDRESS 1962 N E 6TH STREET 2.3 STREET ADDRESS 13 23 410 CO m & DR	STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH, FL00000 2.4 CITY-ST-ZIP BRENTUMD TO 370 VY	CITY-ST-ZIP	<u> </u>		2. 4 CITY - ST - ZIP	BRENTHED THE	370V7
	TITLE	•	☐ DELETE	3.1 TITLE		Change Addition
NAME ODORISI, FRANK 3.2 NAME	NAME	1		3.2 NAME		
STREET ADDRESS 1962 N E 6TH STREET 3.3 STREET ADDRESS	STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH, FL00000 3.4. CITY-ST-ZIP	CITY-ST-ZIP	DEERFIELD BEACH, FL00000		3.4. CITY-ST-ZIP		
	TITLE	, -	DELETE	4.1 TITLE		Change Addition
NAME ARDAVAST, AVAKIAN 4.2 NAME	NAME			4. 2 NAME		
STREET ADDRESS 1962 N E 6TH STREET 4.3 STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH, FL00000 4.4 CITY-ST-ZIP		I AMAGERIA ACTAL PLACES		AACITY CT 710		
	CITY-ST-ZIP	DEERFIELD BEACH, FL00000		4.4 GHT 1-31 121F		
NAME MIRSINI SIRROUNIS 52 NAME		VP	DELETE	• • • • • • • • • • • • • • • • • • • •		Change Addition
STREET ADDRESS 1962 NE 6TH ST 5.3 STREET ADDRESS	TITLE	VP	☐ DELETE	5.1 TITLE		Change Addition
REPORTS NOT PI	TITLE NAME	MIRSINI SIRROUNIS	☐ DÉLETE	5.1 TITLE 5.2 NAME		Change Addition
	TITLE NAME STREET ADDRESS	MIRSINI SIRROUNIS 1962 NE 6TH ST	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
-	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRSINI SIRROUNIS 1962 NE 6TH ST		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIRSINI SIRROUNIS 1962 NE 6TH ST		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIRSINI SIRROUNIS 1962 NE 6TH ST		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
14. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIRSINI SIRROUNIS 1962 NE 6TH ST		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

Information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.