

**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: \$236.25).**

FILED

**Jul 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732640 (8)
 1. Corporation Name
BEACH HAVEN GARDENS CONDOMINIUM ASSOCIATION INC.



Principal Place of Business 1962 N. E. 6TH STREET DEERFIELD BEACH FL 33441	Mailing Address 1962 N. E. 6TH STREET DEERFIELD BEACH FL 33441
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1975	3a. Date of Last Report 03/27/1996
21	22		4. FEI Number 65-0124739		Applied For Not Applicable
23		24		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30			

9. Name and Address of Current Registered Agent

**SOUTHER, JANINE
1962 N.E. 6TH ST., APT. 3A
DEERFIELD BEACH, FL
33441**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	SOUTHER, JANINE	
STREET ADDRESS	1962 N E 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BOWERS, JOANNE	
STREET ADDRESS	1962 N E 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODORISI, FRANK	
STREET ADDRESS	1962 N E 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARDAVAST, AVAKIAN	
STREET ADDRESS	1962 N E 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MIRSIN SIRROUNIS	
STREET ADDRESS	1962 NE 6TH ST	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK URTIS	
1.3 STREET ADDRESS	1962 NE 6TH ST	
1.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441	
2.1 TITLE	AD. BOARD DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR LIDDEL MADDEN	
2.3 STREET ADDRESS	1323 LIPSCOMB DR	
2.4 CITY-ST-ZIP	BRENTWOOD TN 37017	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: _____ SIGNATURE REQUIRED: **JOHN J. URTIS**

CR2E037 (4/97)