

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 DEERFILED BEACH FL 33441	Mailing Address 1962 N. E. 6TH STREET DEERFILED BEACH FL 33441
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3. Date Incorporated or Qualified 04/29/1975	
4. FEI Number 65-0124739	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

ARDAVAST AVAKIAN
SOURNER JANNIE
1962 N.E. 6TH ST., APT. # 4-A
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 ARDAVAST AVAKIAN 1/15/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	URTIS, JACK
STREET ADDRESS	1962 NE 6TH ST
CITY-ST-ZIP	DEERFIELD BEACH, FL00000
TITLE	D <input type="checkbox"/> DELETE
NAME	MADDEN, DR. LIDDEL
STREET ADDRESS	1323 LIPSCOME DR
CITY-ST-ZIP	BRENTWOOD TN
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	TREASURER <input type="checkbox"/> DELETE
NAME	MIRSINI 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: ARDAVAST AVAKIAN *Ardavast Avakian* **JAN 15 '98 954-421-4844**

CF2E037 (10/97)