

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

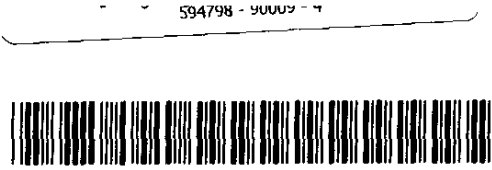
**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90009 004 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732640** ✓  
 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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2. Principal Place of Business 21	2a. Mailing Address 26 1962 N. E. 6th Street	3. Date Incorporated or Qualified 04/29/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #5A	4. FEI Number 65-0124739
City & State 23	City & State 28 Deerfield Beach, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33441	Country 30 Broward	

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  
**Lynne C. Sutton**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1962 N. E. 6th Street, #5A  
 83  
 84 City  
**Deerfield Beach** **FL** 85 Zip Code  
 33441

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 *Lynne C. Sutton* **Lynne C. Sutton** 7/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URTIS, JACK	1.2 NAME	
STREET ADDRESS	1962 NE 6TH ST	1.3 STREET ADDRESS	1962 N. E. 6th Street, #3A
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADDEN, DR. LIDDEL	2.2 NAME	Ziegler, James
STREET ADDRESS	1323 LIPSCOME DR	2.3 STREET ADDRESS	1962 N. E. 6th Street, #4A
CITY-ST-ZIP	BRENTWOOD TN	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODORISI, FRANK	3.2 NAME	
STREET ADDRESS	1962 N E 6TH STREET	3.3 STREET ADDRESS	1962 N. E. 6th Street, #3B
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARDAVAST, AVAKIAN	4.2 NAME	Sutton, Lynne C.
STREET ADDRESS	1962 N E 6TH STREET	4.3 STREET ADDRESS	1962 N. E. 6th Street, #5A
CITY-ST-ZIP	DEERFIELD BEACH, FL00000	4.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRSINI SIRROUNIS	5.2 NAME	Figueria, Julie
STREET ADDRESS	1962 NE 6TH ST	5.3 STREET ADDRESS	1962 N. E. 6th Street, #1B
CITY-ST-ZIP	DEERFIELD BCH FL	5.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Lynne C. Sutton* **SIGNATURE REQUIRED** **Lynne C. Sutton** 7/12/99 (954)695-3202  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)