

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732640

1. Entity Name

BEACH HAVEN GARDENS CONDOMINIUM ASSOCIATION INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90162 018 ****70.00

Principal Place of Business 1962 N. E. 6TH STREET DEERFILED BEACH FL 33441	Mailing Address 1962 N. E. 6TH STREET #5A DEERFILED BEACH FL 33441-3727
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0124739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUTTON, LYNNE C
1962 NE 6TH STREET
#5A
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE S	<input type="checkbox"/> Delete
NAME URTIS, JACK	
STREET ADDRESS 1962 NE 6TH STREET #3A	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE PD	<input type="checkbox"/> Delete
NAME ZIEGLER, JAMES	
STREET ADDRESS 1962 NE 6TH STREET #4A	
CITY-ST-ZIP DEERFIELD BEACH FL 33441	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ODORISI, FRANK	
STREET ADDRESS 1962 NE 6TH STREET #3A	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE TD	<input type="checkbox"/> Delete
NAME SUTTON, LYNNE C	
STREET ADDRESS 1962 NE 6TH STREET #5A	
CITY-ST-ZIP DEERFIELD BEACH FL 33441	
TITLE SD	<input type="checkbox"/> Delete
NAME FIGUERIA, JULIE	
STREET ADDRESS 1962 NE 6TH STREET #1B	
CITY-ST-ZIP DEERFIELD BEACH FL 33441	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynne Sutton **RED** **4/17/00** **(561)368-3343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)