## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 01, 2001 8:00 am Secretary of State

BEACH HAVEN COVE HOMEOWNERS ASSOCIATION, INC.  Whiting Address Debackout Backet Buth 7  Sub Percent Place of Business Subs Apr R, etc.  Su				<del></del>		10 =/					0 4411	
Principal Place of Business  Mailing Address  Sup PRINCOZA BEACH BUD. 97  GULF BREZZE R. 32561  2. Principal Place of Business  Suita April R. 3256  Suita A								Secretary of State 07-12-2001 90118 006 ****61.25				
SO PENSACCIA BEACH BLVD. #7 GULF BRIZZE R. 32561  2. Principal Place of Business  5. Mealing Address P. D. Bax. 99 Sure, April #. etc.  Sure, April #. etc.  Sure Address and Address of New Registered Agent  1. Meaning Address of Country  3.2 SG2 SANIN BRIZZE FL 2561  2. Country  3.2 SG2 SANIN BRIZZE FL 2561  1. TORNS, MARK III  3. Street Address (P.O., Box Number is Not Acceptable)  Sure Address (P.O., Box Numb	BEACH	HAVEN COVE HOMEOWN	ers ass	SOCIATION, I	NC.	1	19					
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Suite, Apt. 4, etc.    Suite Apt. 4, etc.   Suite Apt. 4, etc.   DO NOT WRITE IN THIS SPACE	z milopai	Figure or business					116611	T THE LITTER WAS GRAIN OF ANY OR WITH THE WAY OF THE LITTER TO BE AND THE WAY SHOWN THE WAY OF THE				
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- 9 Name and Address of Current Registered Agent   Name	Zip	Country					E Cartificant	o of Statue Desire				
LYONS, MARK III Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  6. 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  Signature, treed or protest reme of registered agent and table approache.  (NOTE Registered Agent separate remeating)  DATE  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INTE UVONS, MARK III  THE UVONS, MARK III  THE UVONS, MARK III  STREET ADDRESS  OFFISHED AGENTS  OFFISH ADDRESS  OFFISHED AGENTS  OFFISH ADDRESS					San	ta Kosf	<u> </u>				<u>d</u>	
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SIGNATURE    Signature   Signature   Delete   Signature   Delete		A.A. ***					nee (D.O. Peu Mr	nos is Not Acces	hlo)			
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fordia.    SIGNATURE									* :			
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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:

SIGNATURE AND TYPED ON PRINTED AME OF SIGNING OFFICER OR DIRECTOR

7-10-01

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