

FILED

Aug 01, 2001 8:00 am
Secretary of State

07-12-2001 90118 006 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001894

1. Entity Name

BEACH HAVEN COVE HOMEOWNERS ASSOCIATION, INC.

UP

Principal Place of Business

350 PENSACOLA BEACH BLVD. #7
GULF BREEZE FL 32561

Mailing Address

350 PENSACOLA BEACH BLVD. #7
GULF BREEZE FL 32561

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 99

Suite, Apt. #, etc.

Gulf Breeze FLA

Zip

Country

32562

Santa Rosa

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, MARK III
350 PENSACOLA BEACH BLVD. #7
GULF BREEZE FL 32561

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LYONS, MARK III
STREET ADDRESS 350 PENSACOLA BEACH BLVD. #7
CITY-ST-ZIP GULF BREEZE FL 32561 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE VD
NAME W. BROOKS LYONS
STREET ADDRESS 350 PENSACOLA BEACH BLVD. #7
CITY-ST-ZIP GULF BREEZE FL 32561 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE STD
NAME ROHMAN, JOANNE F
STREET ADDRESS 4504 TWIN OAKS DRIVE
CITY-ST-ZIP PENSACOLA FL 32506 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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:

Mark Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

Date

850 934-0940

Daytime Phone #

CR2E037 (5/01)