


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-05-2004 90252 040 ****61.25

DOCUMENT # N00000001894

1. Entity Name
BEACH HAVEN COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
~~350 PENSACOLA BEACH BLVD. #7~~
GULF BREEZE, FL 32561

Mailing Address
 PO BOX 99
 GULF BREEZE, FL 32562

400 Gulf Breeze Pkwy - Suite 208

66426774



DO NOT WRITE IN THIS SPACE

04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3733438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

400 Gulf Breeze Pkwy - Suite 208

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYONS, MARK III 350 PENSACOLA BEACH BLVD. #7 GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD W. BROOKS LYONS 350 PENSACOLA BEACH BLVD. #7 GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROHMAN, JOANNE F 4504 DAWN OAKS DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 Gulf Breeze Pkwy - Suite 208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 III **6-1-04** **850934-0440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #