


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90047 022 ****70.00

DOCUMENT # N00000001894
 1. Entity Name
BEACH HAVEN COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
400 GULF BREEZE PKWY - SUITE 208 **PO BOX 99**
GULF BREEZE FL 32561 **GULF BREEZE FL 32562**

50012429



1st MOORE CR2E037 (10/04)

2. Principal Place of Business C/o **3523 Beach Haven Cove Drive**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 16406**
 Suite, Apt. #, etc.

City & State **Pensacola FL** City & State **Pensacola FL**
 Zip **32507** Country **U.S.A** Zip **32507** Country **U.S.A**

4. FEI Number **59-3733438** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LYONS, MARK III
400 GULF BREEZE PKWY - SUITE 208
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent
 Name **Angela Montardo**
 Street Address (P.O. Box Number is Not Acceptable) **3523 Beach Haven Cove Drive**
 City **Pensacola** FL Zip Code **32507**

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 *Angela Montardo* **Angela Montardo** DATE **1/30/05**
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
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LYONS, MARK III 400 GULF BREEZE PKWY - SUITE 208 GULF BREEZE FL 32561 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD W. BROOKS LYONS 400 GULF BREEZE PKWY - SUITE 208 GULF BREEZE FL 32561 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROHMAN, JOANNE F 400 GULF BREEZE PKWY - SUITE 208 PENSACOLA FL 32506 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Angela Montardo <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President 3523 Beach Haven Cove Dr. Pensacola, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kurt Kreick 3520 Beach Haven Cove Dr. Pensacola FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Wood 3534 Beach Haven Cove Dr. Pensacola FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul Blake 3531 Beach Haven Cove Dr. Pensacola FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Angela Montardo* **Angela Montardo President** DATE **1/30/05** Daytime Phone # **850-457-2480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR