

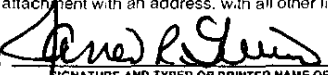


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90303 027 ****61.25

DOCUMENT # N02000006575			
1. Entity Name BEACH HAVEN COTTAGES OWNERS ASSOCIATION, INC.			
Principal Place of Business 2135 RIVER CLIFF DRIVE ROSWELL, GA 30075		Mailing Address 2135 RIVER CLIFF DRIVE ROSWELL, GA 30075	
2. Principal Place of Business 2858 Remington Green Cir. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 15887 Suite, Apt. #, etc.	
City & State Tallahassee Fl.		City & State Tallahassee Fl.	
Zip 32308		Country USA	
4. FEI Number APPLIED FOR 90-1043881		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 BLUE, ROB JR 221 MCKENZIE AVE PANAMA CITY, FL		7. Name and Address of New Registered Agent Name JAMES R. GUERINO Street Address (P.O. Box Number is Not Acceptable) 2858 Remington Green Cir. City Tallahassee FL Zip Code 32308	
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  DATE _____ <small>Signature (typed or printed name of registered agent and title, if applicable). (NOTE: Registered Agent's signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD DODSON, TIMOTHY 2135 RIVER CLIFF DRIVE ROSWELL, GA 30075	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			P/P R. Richard ycta 2858 Remington Green Cir Tallahassee Fl. 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DODSON, PAMELA 2135 RIVER CLIFF DRIVE ROSWELL, GA 30075	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VP/D JAMES R. GUERINO 2858 Remington Green Cir. Tall. Fl. 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNART, DAVID 1234 AIRPORT RD STE 121 DESTIN, FL 32451	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: 		JAMES R. GUERINO 4/27/04 (850) 9330434	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day, etc. Phone #	