

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006575

FILED
Apr 24, 2007
Secretary of State

Entity Name: BEACH HAVEN COTTAGES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4193 W. SCENIC HIGHWAY 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

5311 E. CO HIGHWAY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 4762
SANTA ROSA BEACH, FL 32459

New Mailing Address:

P.O. BOX 4703
SANTA ROSA BEACH, FL 32459

FEI Number: 20-1043881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM S. HOWELL, JR., J. D., P. A.
1727 S. CO. HIGHWAY 393
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: MANNING, RICHARD H
Address: 1306 RIDGEWAY AVENUE
City-St-Zip: NEW ALBANY, IN 47150

Title: D,S () Delete
Name: MCKINNEY-SMITH, WEEKS
Address: 167 CRESENT AVENUE
City-St-Zip: LOUISVILLE, KY 40206

Title: D,T () Delete
Name: ROACHE, TOM
Address: 66 RUE DE SOLEIL
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: HOFFMAN, JOEL
Address: 42586 WIMBLETON WAY
City-St-Zip: NOVI, MI 48377

Title: D () Delete
Name: RUSSACK, IRA
Address: 2858 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R PRITCHETT

MGR

04/24/2007

Electronic Signature of Signing Officer or Director

Date