

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 015 ****61.25

DOCUMENT # N06000005269

1. Entity Name
BEACH HAVEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**432 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**432 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250**

40101400



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4904151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGARVEY, JAMES N JR.
81 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGARVEY, JAMES N JR.
STREET ADDRESS	432 OSCEOLA AVENUE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	T
NAME	ROBERTSON, DINAH K Robertson, Dinah K
STREET ADDRESS	432 OSCEOLA AVENUE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
NAME	KELLEY, PATRICIA H
STREET ADDRESS	432 OSCEOLA AVENUE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dinah K. Robertson 1-17-08 904-247-9160