

3/4/97 B-2607-C
 FILE NOW: FILING FEES \$61.25

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Mar 04 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748789 (5)
 1. Corporation Name
THE BEACH CABANAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 16 ANDREWS AVENUE DELRAY BEACH FL 33483	Mailing Address 16 ANDREWS AVENUE DELRAY BEACH FL 33483-7055
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3. Date Incorporated or Qualified 09/05/1979	3a. Date of Last Report 02/15/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2006065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CAVASINI, STEPHEN
 16 ANDREWS AVENUE
 DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME BECKETT, JUNNE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 859 E JEFFREY ST 711-2	CITY-ST-ZIP BOCA RATON FL	1.2 NAME	
TITLE D	NAME CODNER, AMANDA	1.3 STREET ADDRESS	
STREET ADDRESS 16 ANDREWS AVE #8	CITY-ST-ZIP DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE D	NAME DESGROSELLIERS, MICHAEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16 ANDREWS AVE #11	CITY-ST-ZIP DELRAY BCH FL	2.2 NAME	
TITLE P	NAME CAVASINI, STEPHEN	2.3 STREET ADDRESS	
STREET ADDRESS 16 ANDREWS AVENUE	CITY-ST-ZIP DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE D	NAME ROSSI, CAROL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16 ANDREWS AVE #10	CITY-ST-ZIP DELRAY BCH FL	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY-ST-ZIP	

**D ROSSI, CAROL
 16 ANDREWS AVE #10
 DELRAY BCH, FL 33483**

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **STEPHEN C. CAVASINI PRES** Date: **2/24/97** Daytime Phone #: **(561) 278-1221**

CR2E037 (9/96)