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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McMath 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
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3. Date Incorporated or Qualified 09/05/1979	
4. FEI Number 59-2006065	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSI, CAROL	
STREET ADDRESS	16 ANDREWS AVE., #10	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CODNER, AMANDA	
STREET ADDRESS	16 ANDREWS AVE #8	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESGROSEILLIERS, MICHAEL	
STREET ADDRESS	16 ANDREWS AVE., #11	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAVASINI, STEPHEN	
STREET ADDRESS	16 ANDREWS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBBS, JOHN	
STREET ADDRESS	16 ANDREWS # 11	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSSI, CAROL	
1.3 STREET ADDRESS	16 ANDREWS #10	
1.4 CITY-ST-ZIP	DELRAY BCH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOBBS, JOHN	
5.3 STREET ADDRESS	16 ANDREWS # 10	
5.4 CITY-ST-ZIP	DELRAY BEACH FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ **Carroll Rossi** 2/9/98 561 276 4683

CF2E037 (10/97)