


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90113 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748789

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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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	3. Date Incorporated or Qualified 09/05/1979	4. FEI Number 59-2006065	Applied For 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. Name and Address of Current Registered Agent GELFAND, MICHAEL J ESO GELFAND & ARPE, P.A. 250 S. AUSTRALIAN, SUITE 1010 W. PALM BEACH FL 33401-5014	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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ROSSI, CAROL 16 ANDREWS AVE., #10 DELRAY BEACH FL	1.1 TITLE President D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	CODNER, AMANDA 16 ANDREWS AVE #8 DELRAY BCH. FL	1.2 NAME John Myers 1010 Ingraham Ave 1.3 STREET ADDRESS Delray Bch, FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	ROSSI, CAROL 16 ANDREWS #10 DELRAY BCH FL	2.1 TITLE President D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HOBBS, JOHN 16 ANDREWS #11 DELRAY BEACH FL	2.2 NAME John A. Hobbs 2.3 STREET ADDRESS 1393 Woodchuck Lane 2.4 CITY-ST-ZIP Boca Raton, FL 33428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		3.1 TITLE Secretary D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		3.2 NAME Louis Cuccia 3.3 STREET ADDRESS 33 Forest Valley Rd. 3.4 CITY-ST-ZIP Pleasant Valley, NY 12569	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		4.1 TITLE P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		4.2 NAME John Myers 4.3 STREET ADDRESS 1010 Ingraham Ave. 4.4 CITY-ST-ZIP Delray Beach, FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: John A. Hobbs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4/20/99 DATE

CR2E037 (1/198)