

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90041 049 ****61.25

DOCUMENT # 748789

1. Entity Name
THE BEACH CABANAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
16 ANDREWS AVENUE 16 ANDREWS AVENUE
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-7055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2006065** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GELFAND, MICHAEL J ESQ
GELFAND & ARPE, P.A.
250 S. AUSTRALIAN, SUITE 1010
W. PALM BEACH FL 33401-5014

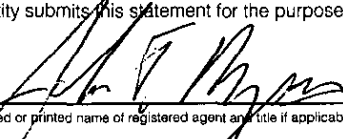
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE  DATE **2/22/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, JOHN	
STREET ADDRESS	1010 INGRAHAM AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS, JOHN A	
STREET ADDRESS	11393 WOODCHUCK LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUCCI, LOUIS	
STREET ADDRESS	33 FOREST VALLEY RD	
CITY-ST-ZIP	PLEASANT VALLEY NY 12569	
TITLE	P	<input type="checkbox"/> Delete
NAME	MYERS, JOHN	
STREET ADDRESS	1010 INGRAHAM AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:  DATE **2/22/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)