2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 748789

FILED Oct 20, 2004 Secretary of State

Entity Name: THE BEACH CABANAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

16 ANDREWS AVENUE DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

16 ANDREWS AVENUE
DELRAY BEACH, FL 33483
DELRAY BEACH, FL 33483
1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483

FEI Number: 59-2006065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SARAGA & LIPSHY ESQ.

201 NE 1ST AVE.

DELRAY BEACH, FL 33444 US

CRITCHFIELD, RICHARD H
1001 EAST ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33483 US

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: RICHARD H. CRITCHFIELD

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

10/20/2004

Title: DP () Delete Title: PD (X) Change () Addition Name: MYERS, JOHN Name: MCMURRAIN, THOMAS T

Address: 1010 INGRAHAM AVE Address: 1001 EAST ATLANTIC AVENUE, SUITE 202

City-St-Zip: DELRAY BEACH, FL 33433 City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete Title: VD (X) Change () Addition

Name: HOBBS, JOHN A Name: BERGER, ANDREW

Address: 11393 WOODCHUCK LANE Address: 1001 EAST ATLANTIC AVENUE, SUITE 202 City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: DELRAY BEACH, FL 33483

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Title: D () Delete Title: STD (X) Change () Addition Name: BAST, HELEN Name: ADE, RICHARD C

Address: 16 ANDREWS AVE #16 Address: 1000 MARKET STREET, BLDG.#1
City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: PORTSMOUTH, NH 03801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. ADE STD 10/20/2004