


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 748789

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



Principal Place of Business 16 ANDREWS AVENUE DELRAY BEACH, FL 33483	Mailing Address 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483
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01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2006065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE PD	MCMURRAIN, THOMAS T
STREET ADDRESS 1001 EAST ATLANTIC AVENUE, SUITE 202	
CITY-ST-ZIP DELRAY BEACH, FL 33483	

TITLE VD	BERGER, ANDREW
STREET ADDRESS 1001 EAST ATLANTIC AVENUE, SUITE 202	
CITY-ST-ZIP DELRAY BEACH, FL 33483	

TITLE STD	ADE, RICHARD C
STREET ADDRESS 1000 MARKET STREET, BLDG.#1	
CITY-ST-ZIP PORTSMOUTH, NH 03801	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UP0001427492
02/21/06-80007-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Richard C Ade, Director** Date **1/24/06** Daytime Phone # **(603) 859-2100**