

**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**



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2006065

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00001427492
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 of the same empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard C Ade, Director

1/24/06

(603) 859-2100