

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**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

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

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

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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	

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 03/30/07-80069-001 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 I'm empowered.

SIGNATURE: Richard C. Ade 1/19/07 (603) 559-2100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Richard C. Ade, Secretary*