NON CORP ANNUA	OR BEFORE 8/1/96: \$61.25 (IF DISS NPROFIT PORATION AL REPORT 996	FLC	DRIDA DEPAR Sandra B Secretar	TMENT OF STATE  . Mortham y of State ORPORATIONS			
DOCUMENT # N23726 (5)							
<b>-</b>	BEACH HOMEOWNERS	ASSOCIATIO	N, INC.				
Principal Place	of Business	Mailing Ad	dress			1 <b>2</b> 0111 01011 0101	
6500 PRADO B CORAL GABLES			DO BOULEVARI ABLES FL 3314				
					3. Date Incorporated or Qualified 12/04/1987		of Last Report 08/07/1995
2. Principal Pla	ce of Business	2a. Mailing	Address		4. FEI Number		Applied For
Suite, Apt. #,	etc	26 Suite. A	apt. #, etc.		65-0036004		Not Applicable  \$8.75 Additional
2		27	·		5. Certificate of Status Desired	<u> </u>	Fee Required
City & State		City & S	state		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	<u> </u>	Country	8. This corporation has fiability for Florida Statutes		x under s. 199 032. No
4	25 9. Name and Address of Curre	29 nt Registered Ag	ient	30	10. Name and Address of New Re		
	RADO BOULEVARD GABLES FL 33143		<u> </u>	83 84 City	Address (P.O. Box Number is Not Acceptate	FL	85 Zip Code
11. Pursuant to	GABLES FL 33143	e of Florida, Such	channa was a	84 City	corporation submits this statement for the poration's board of directors. I hereby accept	FL urose of ch	anging its registered
11. Pursuant to office or reg agent. I am	che provisions of Sections 617.05 gistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida, Such gations of, Section	change was a 617.0503, Flo	84 City	corporation submits this statement for the poration's board of directors. I hereby accep	FL urose of ch	anging its registered
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SIGNATURE:

made under oath; that I am an officer or director of the corporation or the receiver of trustee employment to execute triispeport as required by Chapter CT7, include Status that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

| GNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR | Date | Da