

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90072 024 ****61.25

DOCUMENT # N32969

1. Entity Name

THE BEACH HOUSE OF DELRAY CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

C/O JAMES W. NOWLIN, JR.
 50 SOUTHEAST 4TH AVENUE
 DELRAY BEACH FL 33483

C/O JAMES W. NOWLIN, JR.
 50 SOUTHEAST 4TH AVENUE
 DELRAY BEACH FL 33483-4514

00018977



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0126937

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOWLIN, JAMES W., JR.
 50 SOUTH EAST 4TH AVENUE
 DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME RGI, JOANN
 STREET ADDRESS 150 ANDREWS BLVD, APT 15
 CITY-ST-ZIP DELRAY BCH FL 33483

TITLE PD Change Addition
 NAME McCall, Edward
 STREET ADDRESS 3909 Maurice Drive
 CITY-ST-ZIP Delray Beach, FL 33448

TITLE SD Delete
 NAME NOWLIN, JAMES W. JR.
 STREET ADDRESS 3860 LONE PINE ROAD
 CITY-ST-ZIP DELRAY BEACH FL

TITLE VD Change Addition
 NAME Rgi, Joann
 STREET ADDRESS 150 Andrews Blvd., Apt. 15
 CITY-ST-ZIP Delray Beach, FL 33483

TITLE VDT Delete
 NAME PUGH, MARY ALICE
 STREET ADDRESS 1880 NW 107TH TERRACE
 CITY-ST-ZIP DELRAY BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* SIGNATURE REQUIRED James W. Nowlin, Jr 2/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #