

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90145 015 ****61.25
 02-21-2002 90101 033 ****61.25

DOCUMENT # N32969

1. Entity Name

THE BEACH HOUSE OF DELRAY CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business

3. Mailing Address

150 ANDREWS AVE

72 NE 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

4. FEI Number

65-0126937

Applied For

Not Applicable

Zip

Country

Zip

Country

33483

PALM BEACH

33483

PALM BEACH

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)

72 NE 5TH AVENUE

City DELRAY BEACH

FL

Zip Code

33483

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

After September 13, 2002,
 min. will be \$236.25.

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 Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME RGI, JOANN
 STREET ADDRESS 130 ANDREWS BLVD APT 15
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 PD Delete
 NAME MCCALL, EDWARD
 STREET ADDRESS 3909 MAURICE DRIVE
 CITY-ST-ZIP DELRAY BEACH FL 33448

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME Secretary
 STREET ADDRESS JAMES W. NOWLIN JR
 CITY-ST-ZIP 72 NE 5TH AVE
 DELRAY BEACH FL 33483

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 REQUIRED

8/24/02 (561)276-9754

CR2E037 (4/02)