

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90058 032 ****70.00

DOCUMENT # N32969			
1. Entity Name THE BEACH HOUSE OF DELRAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 150 ANDREWS AVE DELRAY BEACH, FL 33483		Mailing Address 72 NE 5TH AVE DELRAY BEACH, FL 33483	
2. Principal Place of Business		3. Mailing Address 423 Andrews Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELRAY BEACH, FL	
Zip	Country	Zip 33483	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOWLIN, JAMES W., JR. 72 NE 5TH AVENUE DELRAY BEACH, FL 33483		Name MARY ALICE PUGH	
		Street Address (P.O. Box Number is Not Acceptable)	
		423 ANDREWS AVENUE	
		City DELRAY BEACH	Zip Code FL 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 MARY ALICE PUGH (TREASURER) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE Mary Alice Pugh <small>(NOTE: Registered Agent signature required when re-registering)</small>	
DATE 2/5/04		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RGI, JOANN 130 ANDREWS BLVD APT 15 DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT PUGH, MARY ALICE 1880 NW 107TH TERRACE DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCALL, EDWARD 3909 MAURICE DRIVE DELRAY BEACH, FL 33448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOWLIN, JAMES W 72 NE 5TH AVENUE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONNIN, MARY A 130 ANDREWS AVE, APT 4 DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mary Alice Pugh (Mary Alice Pugh) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/5/04 561-750-8111 <small>Date Daytime Phone #</small>	