


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90048 013 ****61.25

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
**423 ANDREWS AVENUE
 DELRAY BEACH, FL 33483**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0126937

Applied For
 Not Applicable

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

**PUGH, MARY A
 423 ANDREWS 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. 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 Agents signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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 **VDT** Delete
 NAME **PUGH, MARY ALICE**
 STREET ADDRESS **1880 NW 107TH TERRACE**
 CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **DT** Change Addition

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

TITLE Change Addition

TITLE **S** Delete
 NAME **NOWLIN, JAMES W**
 STREET ADDRESS **72 NE 5TH AVENUE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **SD** Change Addition
 NAME **CASEY, ANITA**
 STREET ADDRESS **400 GILFISTRAM BLVD**
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **FRANK WOODARD**
 STREET ADDRESS **150 ANDREWS AVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 A. Pugh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/14/05** Daytime Phone # **561-750-8111**

MARY A. PUGH