


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 020 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUGH, MARY ALICE	NAME			
STREET ADDRESS	1880 NW 107TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCALL, EDWARD	NAME			
STREET ADDRESS	3909 MAURICE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33448	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOWLIN, JAMES W	NAME			
STREET ADDRESS	72 NE 5TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASEY, ANITA	NAME			
STREET ADDRESS	400 GULFSTREAM BLVD	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODARD, FRANK	NAME			
STREET ADDRESS	150 ANDREWS AVE	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mary Alice Pugh</i>		MARY ALICE PUGH		1/17/2006 361-265-3693	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	