


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 044 ****61.25

DOCUMENT # N32969 1. Entity Name THE BEACH HOUSE OF DELRAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 150 ANDREWS AVE DELRAY BEACH, FL 33483	Mailing Address 423 ANDREWS AVENUE DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE

	
01072008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0126937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, MARY A
 423 ANDREWS AVENUE
 DELRAY BEACH, FL 33483

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PUGH, MARY ALICE 4880 NW 107TH TERRACE <i>423 Andrews Ave.</i> DELRAY BEACH, FL <i>33483</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCALL, EDWARD 3909 MAURICE DRIVE DELRAY BEACH, FL 33448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASEY, ANITA 400 GULFSTREAM BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *MA* _____ *1/7/2008* *561-750-8111*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #