

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90185 001 ****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
**72 NE 5TH AVE
DELRAY BEACH FL 33483**

90010100



CHECK HERE IF MAKING CHANGES

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0126937**

Applied For

Not Applicable

Zip

Country

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

**NOWLIN, JAMES W., JR.
72 NE 5TH 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 Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	VD	<input checked="" type="checkbox"/> Delete
NAME	RGI, JOANN	
STREET ADDRESS	130 ANDREWS BLVD APT 15	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	PUGH, MARY ALICE	
STREET ADDRESS	1880 NW 107TH TERRACE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCALL, EDWARD	
STREET ADDRESS	3909 MAURICE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33448	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOWLIN, JAMES W	
STREET ADDRESS	72 NE 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary A. Monnin	
STREET ADDRESS	130 Andrews Avenue, Apt. 4	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]*

(561) 276-9754

CR2E037 (10/02)