

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712833 (3)
1. Corporation Name

BEACH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: 1103 VISTA DEL MAR DELRAY BCH. FL 33483
Mailing Address: 1103 VISTA DEL MAR DELRAY BCH. FL 33483

3. Date Incorporated or Qualified: 05/29/1967
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business: 21 1018 Bucida Road
2a. Mailing Address: 26 1018 Bucida Road

4. FEI Number: 59-0774220
Applied For: Not Applicable

22 City & State: Delray Beach FL
27 City & State: Delray Beach FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip: 33483 Country: USA
28 Zip: 33483 Country: USA

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ALMY, SANDRA 1103 VISTA DEL MAR DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent: 81 Name: Joan Baccari
82 Street Address (P.O. Box Number is Not Acceptable): 1018 Bucida Road
83
84 City: Delray Beach FL 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Joan Baccari, Registered Agent
Date: 4-26-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MONTFORT, HELM W.	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 1221 HARBOR DR.	CITY-ST-ZIP: DELRAY BCH. FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: VD	NAME: BATEMAN, THEODORE	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 220 MACFARLANE DR.	CITY-ST-ZIP: DELRAY BCH. FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: STM	NAME: ALMY, SANDRA	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 1103 VISTA DEL MAR	CITY-ST-ZIP: DELRAY BCH. FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D	NAME: ALMY, SANDRA	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 1103 VISTA DEL MAR	CITY-ST-ZIP: DELRAY BCH. FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

V/D Gayl Brown 104 Seabreeze Ave. Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S/D Dorothy Brockmiller 86 MacFarlane Drive Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D John Flint 400 Seagee Drive Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MD/D Joan Baccari 1018 Bucida Road Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan Baccari
Date: 4-26-96 Daytime Phone #: 407-243-0265

CR2E037 (12/95)