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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 712833 (3)

1. Corporation Name

BEACH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1018 BUCIDA ROAD  
DELRAY BCH. FL 33483  
US

1018 BUCIDA ROAD  
DELRAY BCH. FL 33483-6648  
US

3. Date Incorporated or Qualified  
05/29/1967

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-0774220

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

10. Name and Address of New Registered Agent

BACCARI, JOAN  
1018 BUCIDA ROAD  
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME MONTFORT, HELM W.  
STREET ADDRESS 1221 HARBOR DR.  
CITY - ST - ZIP DELRAY BCH. FL

1.1 TITLE PD  Change  Addition  
1.2 NAME Boyar, Franklin  
1.3 STREET ADDRESS 1015 Seasage Dr  
1.4 CITY - ST - ZIP Delray Bch, FL

TITLE VD  DELETE  
NAME BROWN, GAYL  
STREET ADDRESS 104 SEABREEZE AVE  
CITY - ST - ZIP DELRAY BCH. FL

2.1 TITLE VD  Change  Addition  
2.2 NAME LaPorte, Barbara  
2.3 STREET ADDRESS 517 Oleander Lane  
2.4 CITY - ST - ZIP Delray Bch, FL

TITLE SD  DELETE  
NAME BROCKMILLER, DOROTHY  
STREET ADDRESS 85 MACFARLANE DR  
CITY - ST - ZIP DELRAY BCH. FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D  DELETE  
NAME FLINT, JOHN  
STREET ADDRESS 400 SEASAGE DR  
CITY - ST - ZIP DELRAY BCH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE MDD  DELETE  
NAME BACCARI, JOAN  
STREET ADDRESS 1018 BUCIDA ROAD  
CITY - ST - ZIP DELRAY BCH FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE Tb  Change  Addition  
6.2 NAME Duane, Patricia  
6.3 STREET ADDRESS 1020 Vista del Mar Dr.  
6.4 CITY - ST - ZIP Delray Bch, FL

14. I do 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 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: *Patricia B. Duane, Treas.* (Patricia B. Duane, Treas.) 3/7/97 (561) 276-6140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044774

CR2E037 (9/96)