

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712833 (3)**

1. Corporation Name  
**BEACH PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>1018 BUCIDA ROAD DELRAY BCH. FL 33483 US</b>	Mailing Address <b>1018 BUCIDA ROAD DELRAY BCH. FL 33483 US</b>
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3. Date Incorporated or Qualified <b>05/29/1967</b>		
4. FEI Number <b>59-0774220</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>1020 Vista del Mar Drive</b>	2a. Mailing Address 26 <b>1020 Vista del Mar Drive</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Delray Beach, FL</b>	City & State 28 <b>Delray Beach, FL</b>
Zip 24 <b>33483</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>33483</b>

9. Name and Address of Current Registered Agent

**BACCARI, JOAN  
1018 BUCIDA ROAD  
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name <b>Patricia Duane</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1020 Vista del Mar Drive</b>	
83	
84 City <b>Delray Beach</b>	85 Zip Code <b>FL 33483</b>

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 Patricia B. Duane **4/3/98**  
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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BOYAR, FRANKLIN</b>		1.2 NAME <b>Dahlen, Bernard</b>	
STREET ADDRESS <b>1015 SEASAGE DR</b>		1.3 STREET ADDRESS <b>622 Seasage Dr.</b>	
CITY-ST-ZIP <b>DELRAY BCH FL</b>		1.4 CITY-ST-ZIP <b>Delray Beach, FL 33483</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAPORTE, BARBARA</b>		2.2 NAME	
STREET ADDRESS <b>517 OLEANDER LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BCH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROCKMILLER, DOROTHY</b>		3.2 NAME	
STREET ADDRESS <b>85 MACFARLANE DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BCH. FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLINT, JOHN</b>		4.2 NAME	
STREET ADDRESS <b>400 SEASAGE DR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BCH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>MDD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BACCARI, JOAN</b>		5.2 NAME <b>Baccari, Joan</b>	
STREET ADDRESS <b>1018 BUCIDA ROAD</b>		5.3 STREET ADDRESS <b>1018 Bucida Rd.</b>	
CITY-ST-ZIP <b>DELRAY BCH FL</b>		5.4 CITY-ST-ZIP <b>Delray Beach, FL 33483</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUANE, PATRICIA</b>		6.2 NAME	
STREET ADDRESS <b>1020 VISTA DEL MAR DR</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BCH FL</b>		6.4 CITY-ST-ZIP	

14. 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 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 **4/3/98** **561-276-6140**

CR2E037 (10/97)