

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90064 014 ****61.25

DOCUMENT # 712833

1. Entity Name

BEACH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1020 VISTA DEL MAR DR
 DELRAY BEACH FL 33483
 US

1020 VISTA DEL MAR DR
 DELRAY BCH. FL 33483
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0774220

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUANE, PATRICIA
 1020 VISTA DEL MAR DR
 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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYAR, FRANKLIN	
STREET ADDRESS	1015 SEASAGE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAHLEM, BERNARD	
STREET ADDRESS	622 SEASAGE DR	
CITY-ST-ZIP	DELRAY. BCH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROCKMILLER, DOROTHY	
STREET ADDRESS	85 MACFARLANE DR	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLINT, JOHN	
STREET ADDRESS	400 SEASAGE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACCARI, JOAN	
STREET ADDRESS	1018 BUCIDA RD	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUANE, PATRICIA	
STREET ADDRESS	1020 VISTA DEL MAR DR	
CITY-ST-ZIP	DELRAY BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyar, Franklin	
STREET ADDRESS	1015 Seasage Dr.	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dahlem, Bernard	
STREET ADDRESS	622 Seasage Dr.	
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	Victorin, Robert	
STREET ADDRESS	120 South Ocean Blvd.	
CITY-ST-ZIP	Delray Beach, FL 33483	
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:

DISNATOR REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

561-276-6140

Daytime Phone #

CR2E037 (9/99)