

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90034 034 \*\*\*\*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

4. FEI Number

**59-0774220**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BOYAR, FRANKLIN	1015 SEASAGE DR	DELRAY BCH FL	<input checked="" type="checkbox"/>
PD	DAHLEM, BERNARD	622 SEASAGE DR	DELRAY BCH FL 33483	<input type="checkbox"/>
SD	BROCKMILLER, DOROTHY	85 MACFARLANE DR	DELRAY BCH. FL	<input type="checkbox"/>
D	FLINT, JOHN	400 SEASAGE DR	DELRAY BCH FL	<input checked="" type="checkbox"/>
D	VICTORIAN, ROBERT	120 SOUTH OCEAN BLVD	DELRAY BEACH FL 33488	<input type="checkbox"/>
TD	DUANE, PATRICIA	1020 VISTA DEL MAR DR	DELRAY BCH FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	Bennett, John	137 Seabreeze av.	Delray Beach, FL 33483	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Warner, Kevin	248 Venetian Dr.	Delray Beach, FL 33483	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Victorian, Robert	120 South Ocean Blvd.	Delray Beach, FL 33483	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*PATRICIA DUANE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02  
 Date

561-276-6140  
 Daytime Phone #

CR2E037 (9/01)