


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90342 006 ****61.25

DOCUMENT # 712833
1. Entity Name
BEACH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
1020 VISTA DEL MAR DR 1020 VISTA DEL MAR DR
DELRAY BEACH FL 33483 DELRAY BCH. FL 33483
US US

24047595



MOORE CR2E037 (11/03)

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 Applied For
59-0774220 Not Applicable

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

6. Name and Address of Current Registered Agent

DUANE, PATRICIA
1020 VISTA DEL MAR DR
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DAHLEM, BENARD	
STREET ADDRESS	622 SEASAGE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPRARVERO, ROBERT	
STREET ADDRESS	200 MACFARLAND DR	
CITY-ST-ZIP	DELRAY BEACH 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 checked="" type="checkbox"/> Delete
NAME	WARNER, KEVIN	
STREET ADDRESS	248 VENETIAN DR	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICTORIN, ROBERT	
STREET ADDRESS	120 SOUTH OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33488	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cary Glickstein	
STREET ADDRESS	1118 Waterway Lane	
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		
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: Patricia Duane 4/15/04 561-276-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #