


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90039 018 \*\*\*\*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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

10010100  
  
 1st MOORE      CR2E037 (10/04)

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 Patricia B. Duane      DATE 1/26/05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2005**

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	VD	<input type="checkbox"/> Delete
NAME	GLIELESTEIN, CARY	
STREET ADDRESS	1118 WATERWAY LANE	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sparvero, Robert	
STREET ADDRESS	200 MacFarland Dr.	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 33483	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glickstein, Cary	
STREET ADDRESS	1118 Waterway Lane	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	PD	<input checked="" 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: Patricia B. Duane      DATE 1/26/05      DAYTIME PHONE # 561-276-6140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #