


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 021 ****61.25

DOCUMENT # 712833 1. Entity Name BEACH PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1020 VISTA DEL MAR DR DELRAY BEACH FL 33483 US				Mailing Address 1020 VISTA DEL MAR DR DELRAY BCH. FL 33483 US	
2. Principal Place of Business 1219 VISTA all ma DELRAY BEACH FL		3. Mailing Address 1219 VISTA all ma DELRAY BEACH FL		1st MOORE CR2E037 (10/05)	
Suite, Apt. #, etc. DELRAY BEACH		Suite, Apt. #, etc. DELRAY BEACH		4. FEI Number 59-0774220 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State FL		City & State FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33483 Country US		Zip 33483 Country US		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 LUCIE CARNEY Street Address (P.O. Box Number is Not Acceptable) 1219 VISTA all ma City Delray Beach FL Zip Code 33483		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 _____ DATE FEBRUARY 21st 06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAHLEM, BENARD 622 SEASAGE DR DELRAY BEACH FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARNEY, LUCIE 1219 VISTA all ma DELRAY BEACH FL 33483
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRARVERO, ROBERT 200 MACFARLAND DR DELRAY BEACH FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCKMILLER, DOROTHY 85 MACFARLANE DR DELRAY BEACH FL 33483
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLICKSTEIN, CARY 1118 WATERWAY LANE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICTORIN, ROBERT 120 SOUTH OCEAN BLVD DELRAY BEACH FL 33488
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUANE, PATRICIA 1020 VISTA DEL MAR DR DELRAY BCH FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUANE, PATRICIA 1020 VISTA DEL MAR DR DELRAY BCH FL
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ LUCIE CARNEY 02 21 06					