


**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.	
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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
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1st MOORE CR2E037 (10/05)

2. Principal Place of Business 1219 VISTA del Mar Suite, Apt. #, etc. DELRAY BEACH City & State FL	3. Mailing Address 1219 VISTA del Mar Suite, Apt. #, etc. DELRAY BEACH City & State FL
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4. FEI Number 59-0774220	Applied For <input type="checkbox"/> Not Applicable
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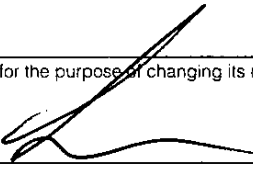
Zip 33483 Country US	Zip 33483 Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUANE, PATRICIA 1020 VISTA DEL MAR DR DELRAY BEACH FL 33483
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7. Name and Address of New Registered Agent Name LUCIE CARNEY Street Address (P.O. Box Number is Not Acceptable) 1219 VISTA del Mar 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**

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, 2006

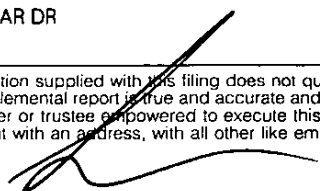
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
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	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"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUANE, PATRICIA 1020 VISTA DEL MAR DR DELRAY BCH FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARNEY, LUCIE 1219 VISTA del Mar DELRAY BEACH FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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