

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712833

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** BEACH PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1219 VISTA ALL MAR  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

1219 VISTA ALL MAR  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 59-0774220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARNEY, LUCIE  
1219 VISTA ALL MAR  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DAHLEM, BENARD  
Address: 622 SEASAGE DR  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: SPRARVERO, ROBERT  
Address: 200 MACFARLAND DR  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD ( ) Delete  
Name: BROCKMILLER, DOROTHY  
Address: 85 MACFARLANE DR  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD ( ) Delete  
Name: GLICKSTEIN, CARY  
Address: 1118 WATERWAY LANE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD ( ) Delete  
Name: VICTORIN, ROBERT  
Address: 120 SOUTH OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33488

Title: TD ( ) Delete  
Name: CARNEY, LUCIE  
Address: 1219 VISTA ALL MAR  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIE CARNEY

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date