

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712833

FILED
Apr 13, 2009
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: PRES () Delete
Name: VICTORIN, ROBERT
Address: 120 SOUTH OCEAN, 2A
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: SECR () Delete
Name: SARGENT, SHARON
Address: 100 MACFARLANE DRIVE, 3C
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: PRES (X) Change () Addition
Name: RENAUD, MARY
Address: 1017 BUCIDA RD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change () Addition
Name: PHILLIPS, LEO
Address: 50 EAST ROAD, #2A
City-St-Zip: DELRAY BEACH, FL 33483

Title: TREA (X) Change () Addition
Name: SARGENT, SHARON
Address: 100 MACFARLANE DRIVE, 3C
City-St-Zip: DELRAY BEACH, FL 33483

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: SHARON SARGENT

Electronic Signature of Signing Officer or Director

TREA

04/13/2009

Date