


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90132 021 \*\*\*\*61.25

**DOCUMENT # 712833**

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



Principal Place of Business      Mailing Address

**1020 VISTA DEL MAR DR  
DELRAY BEACH FL 33483  
US**

**1020 VISTA DEL MAR DR  
DELRAY BCH. FL 33483  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-0774220**      Applied For  
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, Treasurer      DATE 1/14/03

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**

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 checked="" type="checkbox"/> Delete |
| NAME           | <b>BENNETT, JOHN</b>         |  |
| STREET ADDRESS | <b>137 SEABREEZE AVE</b>     |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33483</b> |  |
| TITLE          | PD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DAHLEM, BERNARD</b>       |  |
| STREET ADDRESS | <b>622 SEASAGE DR</b>        |  |
| CITY-ST-ZIP    | <b>DELRAY BCH FL 33483</b>   |  |
| TITLE          | SD                           | <input type="checkbox"/> Delete            |
| NAME           | <b>BROCKMILLER, DOROTHY</b>  |  |
| STREET ADDRESS | <b>85 MACFARLANE DR</b>      |  |
| CITY-ST-ZIP    | <b>DELRAY BCH. FL</b>        |  |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | <b>WARNER, KEVIN</b>         |  |
| STREET ADDRESS | <b>248 VENETIAN DR</b>       |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33483</b> |  |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | <b>VICTORIN, ROBERT</b>      |  |
| STREET ADDRESS | <b>120 SOUTH OCEAN BLVD</b>  |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33488</b> |  |
| TITLE          | TD                           | <input type="checkbox"/> Delete            |
| NAME           | <b>DUANE, PATRICIA</b>       |  |
| STREET ADDRESS | <b>1020 VISTA DEL MAR DR</b> |  |
| CITY-ST-ZIP    | <b>DELRAY BCH FL</b>         |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | VD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Bernard Dahlem</b>         |  |
| STREET ADDRESS | <b>622 Seasage Dr.</b>        |  |
| CITY-ST-ZIP    | <b>Delray Beach, FL 33483</b> |  |
| TITLE          | PD                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Robert Sparvero</b>        |  |
| STREET ADDRESS | <b>200 MacFarland Dr.</b>     |  |
| CITY-ST-ZIP    | <b>Delray Beach, FL 33483</b> |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| 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: **SIGNATURE REQUIRED** Patricia B. Duane 1/24/03 276-6140 561

CR2E037 (10/02)