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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746188 (2)

1. Corporation Name

BEACH POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2660 SO. OCEAN BLVD.
#104S
PALM BEACH FL 33480

Mailing Address

2660 SO. OCEAN BLVD.
#104S
PALM BEACH FL 33480-54253. Date Incorporated or Qualified
03/09/19793a. Date of Last Report
03/06/19964. FEI Number
59-1889331Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2660 So. Ocean Blvd.
Suite, Apt. #, etc.22 City & State
Palm Beach, FL23 Zip Country
33480 Palm Beach

2a. Mailing Address

26 2660 So. Ocean Blvd.
Suite, Apt. #, etc.27 City & State
Palm Beach, FL28 Zip Country
33480 Palm Beach

9. Name and Address of Current Registered Agent

FRIEDMAN, ARTHUR R.
2660 S. OCEAN BLVD., APT. #104-S
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name Mike Sutton
82 Street Address (P.O. Box Number is Not Acceptable)
Apt. # 702-N
83 2660 So. Ocean Blvd.
84 City Palm Beach FL 85 Zip Code 33480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of (1) President or (2) Registered Agent and title if applicable.

Treasurer

2/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEDERER, SAUL B	
STREET ADDRESS	2660 S OCEAN BLVD	
CITY - ST - ZIP	PALM BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, SAUL S	
STREET ADDRESS	2660 S. OCEAN BLVD.	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASINTER, EDWIN	
STREET ADDRESS	2660 SOUTH OCEAN BLVD.	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, ARTHUR R.	
STREET ADDRESS	2660 S. OCEAN BLVD.	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RING, RHODA	
STREET ADDRESS	2660 S. OCEAN BLVD.	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUTZ, JOEL	
STREET ADDRESS	2660 S. OCEAN BLVD.	
CITY - ST - ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	SUTTON, MIKE
4.4 CITY - ST - ZIP	2660 S. OCEAN BLVD. PALM BEACH, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/25/97

Date

Daytime Phone # 0099364

CP2E037 (9/96)