

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746188** (2)

1. Corporation Name

**BEACH POINT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2660 SO. OCEAN BLVD. PALM BEACH FL 33480 US</b>	Mailing Address <b>2660 SO. OCEAN BLVD. PALM BEACH FL 33480 US</b>
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3. Date Incorporated or Qualified <b>03/09/1979</b>	
4. FEI Number <b>59-1889331</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 2660 So. Ocean Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2660 So. Ocean Blvd.</b> Suite, Apt. #, etc.
City & State <b>22 Palm Beach, FL</b>	City & State <b>27 Palm Beach, FL</b>
Zip <b>23 33480</b>	Country <b>24 Palm Beach</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MIKE SUTTON 2660 S OCEAN BLVD APT 702N PALM BCH FL 33480</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD SILVERMAN, SAUL S. 2660 S. Ocean Blvd., Palm Beach, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VD LUTZ, JOEL 2660 S. Ocean Blvd., Palm Beach, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D ROBBINS, EDWIN 2660 S. Ocean Blvd., Palm Beach, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Edwin Robbins* 2/22/1998

CR2E037 (1097)