


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90082 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746188					
1. Corporation Name BEACH POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2660 S OCEAN BLVD PALM BEACH FL 33480 US			Mailing Address 2660 SO. OCEAN BLVD. PALM BEACH FL 33480 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1889331	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24	Country	25	Country	29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIKE SUTTON 2660 S OCEAN BLVD APT 702N PALM BCH FL 33480				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	SILVERMAN, SAUL S		1.1 TITLE			
NAME	2660 S OCEAN BLVD			1.2 NAME			
STREET ADDRESS	PALM BCH, FL 00000 33480			1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTZ, JOEL			2.2 NAME			
STREET ADDRESS	2660 S. OCEAN BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASINTER, EDWIN			3.2 NAME			
STREET ADDRESS	2660 SOUTH OCEAN BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTON, MIKE			4.2 NAME			
STREET ADDRESS	2660 S OCEAN BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RING, RHODA			5.2 NAME			
STREET ADDRESS	2660 S. OCEAN BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBBINS, EDWIN			6.2 NAME			
STREET ADDRESS	2660 S. OCEAN BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:  **MIKE SUTTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (561) 586-2648

Date

Daytime Phone #

CR20037 (11/98)