

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746188

1. Entity Name

BEACH POINT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90032 018 \*\*\*\*61.25

Principal Place of Business

2660 S OCEAN BLVD  
PALM BEACH FL 33480  
US

Mailing Address

2660 SO. OCEAN BLVD.  
PALM BEACH FL 33480-5487  
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

59-1889331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKE SUTTON  
2660 S OCEAN BLVD  
APT 702N  
PALM BCH FL 33480

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME SILVERMAN, SAUL S  
STREET ADDRESS 2660 S OCEAN BLVD  
CITY-ST-ZIP PALM BCH, FL 00000 33480

TITLE PD ☐ Change ☒ Addition  
NAME RICHARD M. KLEID  
STREET ADDRESS 2660 South Ocean Blvd.  
CITY-ST-ZIP Palm Beach, FL 33480

TITLE VD ☐ Delete  
NAME LUTZ, JOEL  
STREET ADDRESS 2660 S. OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MASINTER, EDWIN  
STREET ADDRESS 2660 SOUTH OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SUTTON, MIKE  
STREET ADDRESS 2660 S OCEAN BLVD  
CITY-ST-ZIP PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME RING, RHODA  
STREET ADDRESS 2660 S. OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME BERNARD SEGERMAN  
STREET ADDRESS 2660 South Ocean Blvd.  
CITY-ST-ZIP Palm Beach, FL 33480

TITLE D ☐ Delete  
NAME ROBBINS, EDWIN  
STREET ADDRESS 2660 S. OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ 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:

**RICHARD M. KLEID**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00 561  
5862648

CR2E037 (9/99)