

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90496 035 \*\*\*\*61.25

**DOCUMENT # 746188**

1. Entity Name

**BEACH POINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2660 S OCEAN BLVD  
PALM BEACH FL 33480  
US2660 SO. OCEAN BLVD.  
PALM BEACH FL 33480  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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 ☐ Delete  
NAME PD  
STREET ADDRESS KLEID, RICHARD M  
CITY-ST-ZIP 2660 S OCEAN BLVD  
PALM BEACH FL 33480TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME VD  
STREET ADDRESS LUTZ, JOEL  
CITY-ST-ZIP 2660 S. OCEAN BLVD.  
PALM BEACH FL 33480TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME SD  
STREET ADDRESS MASINTER, EDWIN  
CITY-ST-ZIP 2660 SOUTH OCEAN BLVD.  
PALM BEACH FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME TD  
STREET ADDRESS SUTTON, MIKE  
CITY-ST-ZIP 2660 S OCEAN BLVD  
PALM BCH FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS BURGER, DIANA  
CITY-ST-ZIP 2660 S. OCEAN BLVD.  
PALM BEACH FL 33480TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHARER, SI  
CITY-ST-ZIP 2660 S. OCEAN BLVD.  
PALM BEACH FL 33480TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Kleid 4/8/02 (561)586-2648

Date

Daytime Phone #

CR2E037 (9/01)