

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746188

Entity Name: BEACH POINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2660 S OCEAN BLVD
PALM BEACH, FL 33480**Current Mailing Address:**2660 S OCEAN BLVD
PALM BEACH, FL 33480 US**FEI Number:** 59-1889331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALATA, KATHLEEN M MGR
2660 S OCEAN BLVD
OFFICE
PALM BEACH, FL 33480 US*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:** KATHLEEN SALATA

04/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SHEAR, HERB
Address 2660 S OCEAN BLVD
502 W
City-State-Zip: PALM BEACH FL 33480

Title SECRETARY
Name TISHMAN, LYNN
Address 2660 S. OCEAN BLVD.
APT. 201-S
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name STATHIS, JOHN
Address 2660 SOUTH OCEAN BLVD.
APT 703-N
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name BLOOM, KENNETH
Address 6487 DORSET LANE
City-State-Zip: SOLON OH 44139

Title VP
Name STERN, DANIEL
Address 2660 S. OCEAN BLVD.
APT. 106-S
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name KLEID, RICHARD
Address 2660 S. OCEAN BLVD.
APT 403-S
City-State-Zip: PALM BEACH FL 33480

Title TREASURER
Name SHEAR, HERB
Address 2660 S. OCEAN BLVD.
APT. 502-503-W
City-State-Zip: PALM BEACH FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HERB SHEAR**PRESIDENT**

04/24/2020

Electronic Signature of Signing Officer/Director Detail

Date