NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 726185**

1. Corporation Name BOCA CHASE PROPERTY OWNERS' ASSOCIATION, INCORPO

Principal Place of Business PRIME MGMTT GROUP INC 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

26

PRIME MGMT GROUP INC 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487** US

Suite, Apt. #, etc.



04-19-1999 90120 043 ****61.25

3. Date Incorporated or Qualifed

04/20/1973

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be 24 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of Naw Registered Agent	22		27	•	59-16281/1	No	Applicable	
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3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name Address (P.O. Box Number is Not Acceptable) 12. Stepen Address (P.O. Box Number is Not Acceptable) 13. Stepen Address (P.O. Box Number is Not Acceptable) 14. Pursuant to prepare his of migratery and of \$17,1506. Finds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. And the purpose of change its registered agent. And the purpose of changing its registered agent. And the purpose of change its registered agent. And the purpose of the	23	•	28		5. Certificate of Status Desired	Fee Re	quired	
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## City Car Rotton FL 33498 ## City Car Rotton FL 85 Zip Code 98 Zip Code	Grut	sow Wan	•	R2 Street Add		le) o		
TI. Pursuant to the professional of Sections 617,0506 and 617,1508, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered agent. I and family with, and shope the of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I and family with, and shope the of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I and family with, and shope the of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I and family with, and shope the of Florida. Statutes. SIGNATURE SIGNATURE POSTILE ACCEPT AND DIRECTORS 13. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE POSTILE, MAX 1186 FIGOS RD 12 NAME 1186 FIGOS RD 12 NAME 1186 FIGOS RD 12 NAME 12 NAME 13 STREET ADDRESS IN 13 STREET ADDRESS IN 13 STREET ADDRESS IN 13 STREET ADDRESS IN 14 SUCH CALL ST. ST. DE CARDON FL. 12 NAME 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 13 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 14 NAME 15 SDCA RATION FL. 15 SDCA RATION FL. 15 SDCA RATION FL. 15 SDCA RATION FL. 15 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 15 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 15 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 15 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 15 STREET ADDRESS IN 18 SUCH CALL ST. ST. DE CARDON FL. 16 STREET ADDRESS IN 18 SUCH CALL			al			_ / / / / / / / / / / / / / / / / / / /		
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	14. I hereby o	ertify that the information supplied with	this filing does not qualify for th	e exemption stated in 3	Section 119.07(3)(i), Florida Statutes. I f	urther certify that the in	formation	

receiver or truefe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. officer or director of the corporation or Block 12 or Block 13 if changed or of

SIGNATURE:

URE REQUIRED

Applied For