

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90298 001 ****70.00

DOCUMENT # 726185 1. Entity Name BOCA CHASE PROPERTY OWNERS' ASSOCIATION, INCORPORATED					
Principal Place of Business PRIME MGMT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address PRIME MGMT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1628171	
Zip		Country		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	
ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE CENTURION TOWER WEST PALM BEACH, FL 33401				Name <u>Boca Chase POA</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 Prime Management Group, Inc.</u> <u>6300 Park of Commerce Blvd.</u> City <u>Boca Raton</u> FL Zip Code <u>33487</u>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Felice Brown</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>4/18/05</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GRUBOW, ALAN			NAME	
STREET ADDRESS	10561 GREENBRIAR CT			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498			CITY-ST-ZIP	
TITLE	T	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, SUSAN			NAME	
STREET ADDRESS	10348 186TH COURT S			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498			CITY-ST-ZIP	
TITLE	D	☒ Delete		TITLE	☐ Change ☐ Addition
NAME	BURNS, ELLIOT			NAME	
STREET ADDRESS	10776 WATERBERRY DR.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498			CITY-ST-ZIP	
TITLE	VPD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BROWN, PAMELA			NAME	
STREET ADDRESS	18232 181ST CIRCLE SOUTH			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, LEONARD			NAME	
STREET ADDRESS	10961-C LADERA LN			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	PARIS, SHELDON			NAME	
STREET ADDRESS	18248 CORAL ISLES DRIVE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498			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: <u>PAMELA BROWN</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>4/14/05</u> <u>561-482-3104</u> Date Daytime Phone #	