

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90275 050 ****61.25

DOCUMENT # 726185 1. Entity Name BOCA CHASE PROPERTY OWNERS' ASSOCIATION, INCORPORATED					
Principal Place of Business PRIME MGMTT 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1628171	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOCA CHASE POA C/O PRIME MGMT GROUOP INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	TD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	ROSENBERG, SUSAN		NAME	D ROSENBERG, SUSAN	
STREET ADDRESS	10348 186TH COURT S		STREET ADDRESS	10348 186TH CT. S	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	VPD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	BROWN, PAMELA		NAME	TD BROWN, PAMELA	
STREET ADDRESS	18232 181ST CIRCLE SOUTH		STREET ADDRESS	18232 181ST CIRCLE SOUTH	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	WEINSTEIN, LEONARD		NAME	D ARDEN, SANDRA	
STREET ADDRESS	10961-C LADERA LN		STREET ADDRESS	18102 CLEAR BROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	BOCA RATON, FL 33498	
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		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>PAMELA BROWN</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/13/07 561-482-3104 Date Daytime Phone #		

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