

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 30, 2009
Secretary of State

DOCUMENT# 726185

Entity Name: BOCA CHASE PROPERTY OWNERS' ASSOCIATION, INCORPORATED**Current Principal Place of Business:**PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**New Principal Place of Business:****Current Mailing Address:**PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**New Mailing Address:****FEI Number:** 59-1628171**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RANDALL K. ROGER & ASSOCIATES, P.A.
621 NW 53 STREET
SUITE 300
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SHAFFER, FRED
Address: 10740 180TH PLACE SOUTH
City-St-Zip: BOCA RATON, FL 33498**Title:** VD () Delete
Name: CONRAD, GLEN
Address: 10532 LAKE JASMINE DRIVE
City-St-Zip: BOCA RATON, FL 33498**Title:** TD () Delete
Name: DEZALDO, PENNY
Address: 11273 JASMINE HILL CIRCLE
City-St-Zip: BOCA RATON, FL 33498**Title:** SD () Delete
Name: SIGNORIELLO, KAREN
Address: 11111 AUTORO COURT
City-St-Zip: BOCA RATON, FL 33498**Title:** D () Delete
Name: BRAUNSTEIN, ROBERT
Address: 11229 CORAL REEF DRIVE
City-St-Zip: BOCA RATON, FL 33498**Title:** D () Delete
Name: PROVENZANO, ROBERT
Address: 18102 107TH AVENUE SOUTH
City-St-Zip: BOCA RATON, FL 33498**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: LYNCH, MARIA
Address: 18183 CLEARBROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNNE GAUDET

CAM

03/30/2009

Electronic Signature of Signing Officer or Director

Date