

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767357 (7)
1. Corporation Name

CARAVELLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: C/O PRIME MANAGEMENT GROUP INC, 1051 S ROGERS CIR, BOCA RATON FL 33487
Mailing Address: C/O PRIME MANAGEMENT GROUP INC, 1051 S ROGERS CIR, BOCA RATON FL 33487, US

3. Date Incorporated or Qualified: 03/09/1983
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business: 21 C/O Prime Mgmt Group, Suite, Apt. #, etc.
22 City & State: Boca Raton, FL
23 Zip: 33487, Country: Palm Bch
24
2a. Mailing Address: 26 6300 Park of Commerce Bvd, Suite, Apt. #, etc.
27 City & State:
28 Zip: 33487, Country: Palm Bch
29 30

4. FEI Number: 59-2415328
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SWATT, MYRON
C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name: Myron Swatt
82 Street Address: (P.O. Box Number is Not Acceptable) 6300 Park of Commerce Bvd.
83
84 City: Boca Raton, FL
85 Zip Code: 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when for state of)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIDMAN, EVELYN	
STREET ADDRESS	22833 CARAVELLE CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, NORMAN	
STREET ADDRESS	22716 CARAVELLE CRCL.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STOLLER, MILDRED	
STREET ADDRESS	22620 CARAVELLE CRCL.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDENBERG, HAROLD	
STREET ADDRESS	22680 CARAMELLE CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOODRUFF, DONALD	
STREET ADDRESS	22660 CARAVELLE CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHENKER, MONROE	
STREET ADDRESS	22604 CARAVELLE CRCL.	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Joe L'Hotka	
13 STREET ADDRESS	22564 Caravell Circle, Boca Raton	
14 CITY - ST - ZIP		
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	B.T. Gladden	
23 STREET ADDRESS	22508 Caravell Circle	
24 CITY - ST - ZIP	Boca Raton, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *NORMAN SHAPIRO, President* *Jan 23/96* *407393695*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)