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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 767357 (7)
1. Corporation Name
CARAVELLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US
C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US

3. Date Incorporated or Qualified 03/09/1983 3a. Date of Last Report 03/18/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SWATT, MYRON
C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	L'HOTKA, JOE
STREET ADDRESS	22564 CARAVELL 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 CARAVELLE 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	DX <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	
1.1 TITLE	1ST V.P. / Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B.T. Gladden
1.3 STREET ADDRESS	22508 Caravelle Circle
1.4 CITY - ST - ZIP	BOCA RATON, FL 33433
2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	22716 Caravelle Circle
2.4 CITY - ST - ZIP	BOCA RATON, FL 33433
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	DIRECTOR - VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	22680 Caravelle Circle
4.4 CITY - ST - ZIP	
5.1 TITLE	TREASURER DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 to this report.

SIGNATURE: Norman Shapiro President 2-27-97 954-4277344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045124

CR2E037 (9/96)