## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT # 767357

(7)

CARAVELLE PROPERTY OWNERS ASSOCIATION, INC.

CARAV	ELLE PROPERTY OWNERS	S ASSOCIATION, INC	<b>).</b>				
Principal Place of Business		Mailing Address		t indess skala diist indea iriat dist indt dibit a	I ATT MANALA MANALA ATANÀ MINDIT TENT		
C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487		C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487		3. Date Incorporated or Qualified 03/09/1983			
US		US			4. FEI Number 59-2415328	Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowned	ers association?		
Zip	Country			īy	8. This corporation owes or has paid the co	rrent year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No _	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
			[8	1 Name			
SWATT, MYRON			8	2 Street Ad	Address (P.O. Box Number is Not Acceptable)		
C/O PRIME MANAGEMENT GROUP, INC.			L				
	RK OF COMMERCE BLVD		8	3			
BOCA R	ATON FL 33487		8	4 City		85 Zip Code	
	10 6	00 1047 4000 51 11 01		<u> </u>	FI	<u> </u>	
office or r	egistered agent, or both, in the State	e of Florida. Such change w	as authorized I	by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered	
agent. I a	m tamiliar with, and accept the obliq	gations of, Section 617.0503	, Florida Statut	es.			
SIGNATURE .	Clareter trades spirited same of speciment of	and and tide if englishing if	NOTE Projetored A	ment signatura en	quired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE.  12. OFFICERS AND DIRECTORS			13.	gerx argressore rec	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	D	DELETE	1.1 T TUE			Change Addition	
NAME	L'HOTKA, JOE	23	1.2 NAM	E			
STREET ADDRESS	22564 CARAVELL CIRCLE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	-ST-ZIP			
TITLE	P	DELETE	2.1 TITLE			Change Addition	
NAME	SHAPIRO, NORMAN		2.2 NAM	E			
STREET ADDRESS	22716 CARAVELLE CRCL.		2.3 STRE	ET ADDRESS			
CFTY-ST-ZIP	BOCA RATON FL		2.4 CITY	- \$1 - ZIP			
TITLE	Ď	☐ DELETE	3.1 TITLE			Change Addition	
NAME	STOLLER, MILDRED		3.2 NAM	E			
STREET ADDRESS	22620 CARAVELLE CRCL.		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			- ST-ZIP			
TITLE	DVP	DELETE	4.1 TITLE			Change Addition	
NAME	WALDENBERG, HAROLD		4. 2 NAM	lE			
STREET ADDRESS	22680 CARAVELLE CIR		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	- December	4.4 CITY			Towns Dawn	
TITLE	TD	☐ DELETE	5.1 TITLE			Change Addition	
NAME	WOODRUFF, DONALD	•	5.2 NAMI				
STREET ADDRESS	22660 CARAVELLE CIRCLE			ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	DELETE	5.4 CITY	-ST-ZIP	E BB BUT APIT	Change K Liddleton	
TITLE	D D	DELETE	61 TITLE	<u> </u>	Secretary B.T.Gladden 03508 Caravelle Cin	Change Addition	
NAME	SCHENKER, MONROE		62 NAM	t	B.T.GLACIDEN	1.	
STREET ADDRESS	ZZOU4 CAHAVELLE CHCL.	2604 CARAVELLE CRCL. 63 STREET AL		ET ADDRESS	22508 CARAVELLE CIT	46	

14. 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 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:

CONTURE AND TYPED OR PROMISE OF CHARGE OF CIRECTOR

4/30/98

56/ 393 / 24 Daytime Phone \* nounens

**FILED** 

May 18 1998 8:00am

Secretary of State