

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 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 # **N02989** (4)
1. Corporation Name
ESPLANADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
% PRIME MANAGEMENT GROUP, INC.
1061 S. ROGERS CIRCLE
BOCA RATON FL 33487
US
1215 E. HILLSBORO BLVD.
DERRFIELD BEACH FL 33441-4203
US

3. Date Incorporated or Qualified **05/09/1984** 3a. Date of Last Report **11/01/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2646234** Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CAMPBELL PROPERTY MANAGEMENT, INC
1215 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE Change Addition
NAME VOLK, SHELLY 1.2 NAME
STREET ADDRESS 22584 ESPLANADA CIR. 1.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433 1.4 CITY-ST-ZIP
TITLE T DELETE 2.1 TITLE Change Addition
NAME SOLTZ, SIDNEY 2.2 NAME
STREET ADDRESS 22660 ESPLANADA CIR. 2.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433 2.4 CITY-ST-ZIP
TITLE S DELETE 3.1 TITLE Change Addition
NAME GOLDMAN, JESSE 3.2 NAME
STREET ADDRESS 22640 ESPLANADA CIR. 3.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433 3.4 CITY-ST-ZIP
TITLE D DELETE 4.1 TITLE Change Addition
NAME LEVINE, IRV 4.2 NAME
STREET ADDRESS 22647 ESPLANADA CIR. 4.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433 4.4 CITY-ST-ZIP
TITLE D DELETE 5.1 TITLE Change Addition
NAME POMEROY, GEORGE 5.2 NAME
STREET ADDRESS 22589 ESPLANADA CIR. 5.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433 5.4 CITY-ST-ZIP
TITLE D DELETE 6.1 TITLE Change Addition
NAME RIECHENTHAL, HAL 6.2 NAME
STREET ADDRESS 22672 ESPLANADA CIR. 6.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433 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 with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042789

CR2E037 (9/96)