

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02989 (4)**  
 1. Corporation Name  
**ESPLANADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business % PRIME MANAGEMENT GROUP, INC. 1051 S. ROGERS CIRCLE BOCA RATON FL 33487 US	Mailing Address 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 US
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3. Date Incorporated or Qualified 05/09/1984	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number 59-2646234	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**CAMPBELL PROPERTY MANAGEMENT, INC**  
**1215 E. HILLSBORO BLVD**  
**DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	VOLK, SHELLY	1.2 NAME	REICHTHAL, HAL
STREET ADDRESS	22584 ESPLANADA CIR.	1.3 STREET ADDRESS	22672 ESPLANADA CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	T	2.1 TITLE	T
NAME	SOLTZ, SIDNEY	2.2 NAME	WENER, SID
STREET ADDRESS	22660 ESPLANADA CIR.	2.3 STREET ADDRESS	22553 ESPLANADA DRIVE
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S	3.1 TITLE	S
NAME	GOLDMAN, JESSE	3.2 NAME	DRAKE, MILTON
STREET ADDRESS	22640 ESPLANADA CIR.	3.3 STREET ADDRESS	22565 ESPLANADA DR
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	D
NAME	REICHTHAL, HAL	6.2 NAME	VOLK, SHELLY
STREET ADDRESS	22672 ESPLANADA CIR.	6.3 STREET ADDRESS	22584 ESPLANADA CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	BOCA RATON, FL 33433

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REICHTHAL, HAL	
1.3 STREET ADDRESS	22672 ESPLANADA CIRCLE	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WENER, SID	
2.3 STREET ADDRESS	22553 ESPLANADA DRIVE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DRAKE, MILTON	
3.3 STREET ADDRESS	22565 ESPLANADA DR	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VOLK, SHELLY	
6.3 STREET ADDRESS	22584 ESPLANADA CIRCLE	
6.4 CITY-ST-ZIP	BOCA RATON, FL 33433	

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: *S. Wener* IN QUINLED

CR2E037 (10/97)