


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90035 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02989**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/09/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2646234
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29	Zip 30	Trust Fund Contribution

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 FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME <del>WOLK, SHELLEY</del>	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME LEEDS, GERALD
STREET ADDRESS 22584 ESPLANADA CIR.	CITY-ST-ZIP BOCA RATON FL 33433	1.2 NAME	1.3 STREET ADDRESS 22549 ESPLANADA DR
TITLE T <input checked="" type="checkbox"/> DELETE	NAME <del>WENER, SID</del>	1.4 CITY-ST-ZIP BOCA RATON, FL 33433	2.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 22553 ESPLANADA DRIVE	CITY-ST-ZIP BOCA RATON FL 33433	2.2 NAME DROGIN, ELY	2.3 STREET ADDRESS 22632 ESPLANADA CIR.
TITLE S <input type="checkbox"/> DELETE	NAME DRAKE, MILTON	2.4 CITY-ST-ZIP BOCA RATON, FL 33433	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22565 ESPLANADA DR	CITY-ST-ZIP BOCA RATON FL 33433	3.2 NAME	3.3 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME LEVINE, IRV	3.4 CITY-ST-ZIP	4.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22647 ESPLANADA CIR.	CITY-ST-ZIP BOCA RATON FL 33433	4.2 NAME	4.3 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME POMEROY, GEORGE	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22589 ESPLANADA CIR.	CITY-ST-ZIP BOCA RATON FL 33433	5.2 NAME	5.3 STREET ADDRESS
TITLE P <input type="checkbox"/> DELETE	NAME RIECHENTHAL, HAL	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22672 ESPLANADA CIR.	CITY-ST-ZIP BOCA RATON FL 33433	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 Date: 4/14/99 Daytime Phone #: (954) 252-8170 750-7216

CR2F037-11198