

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90070 045 \*\*\*\*61.25

**DOCUMENT # N02989**

1. Entity Name

**ESPLANADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION**

Principal Place of Business

Mailing Address

% PRIME MANAGEMENT GROUP, INC.  
 1061 S. ROGERS CIRCLE  
 BOCA RATON FL 33487  
 US

1215 E. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33441-4203  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2646234**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT, INC**  
**1215 E. HILLSBORO BLVD**  
**DEERFIELD BEACH FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
 NAME **LEEDS, GERALD**  
 STREET ADDRESS **22549 ESPLANADA DR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**  
*Resigned 4/3/2000*  Delete

TITLE **D**  
 NAME **LIONEL SOCOLOV**  
 STREET ADDRESS **22585 ESPLANADA DR**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**  
 Change  Addition

TITLE **T**  
 NAME **DROGIN, ELY**  
 STREET ADDRESS **22632 ESPLANADA CIR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**  
 Delete

TITLE **P**  
 NAME **LEE MORBAN**  
 STREET ADDRESS **22670 ESPLANADA DR**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**  
 Change  Addition

TITLE **S**  
 NAME **DRAKE, MILTON**  
 STREET ADDRESS **22565 ESPLANADA DR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**  
 Delete

TITLE **D**  
 NAME **RALPH SCINICARIELLO**  
 STREET ADDRESS **22524 ESPLANADA DR**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**  
 Change  Addition

TITLE **V**  
 NAME **LEVINE, IRV**  
 STREET ADDRESS **22647 ESPLANADA CIR.**  
 CITY-ST-ZIP **BOCA RATON FL 33433**  
 Delete

TITLE  Change  Addition

TITLE **D**  
 NAME **POMEROY, GEORGE**  
 STREET ADDRESS **22589 ESPLANADA CIR.**  
 CITY-ST-ZIP **BOCA RATON FL 33433**  
 Delete

TITLE  Change  Addition

TITLE **P**  
 NAME **RIECHENTHAL, HAL**  
 STREET ADDRESS **22672 ESPLANADA CIR.**  
 CITY-ST-ZIP **BOCA RATON FL 33433**  
 Delete

TITLE  Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/3/2000 392-3647*

Daytime Phone #

CR2E037 (9/99)