

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08960 (9)**

1. Corporation Name

**LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP 1051 S. ROGERS CIRCLE BOCA RATON FL 33487	C/O PRIME MANAGEMENT GROUP 1051 S. ROGERS CIRCLE BOCA RATON FL 33487

3. Date Incorporated or Qualified <b>04/29/1985</b>	3a. Date of Last Report <b>03/28/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 C/O Prime Mgmt Group	26 6300 Park of Commerce Bvd	59-2647533	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 BOCA RATON, FL	28 BOCA RATON, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33487	25 Palm Bch	29 33487	30 Palm Bch

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWATT, MYRON 1051 S. ROGERS CRICLE BOCA RATON FL 33487	81 Name: SWATT, MYRON 82 Street Address (P.O. Box Number is Not Acceptable): 6300 PARK OF COMMERCE BLVD. 83 84 City: BOCA RATON, FL 85 Zip Code: 33487

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: PD	<input type="checkbox"/> DELETE	1.1 TITLE: T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: NELSON, ROSELLE K		1.2 NAME: Drucker, William	
STREET ADDRESS: 7520 LA PAZ COURT - NO 206		1.3 STREET ADDRESS: 7508 La Paz Ct, #109	
CITY-ST-ZIP: BOCA RATON FL 33433		1.4 CITY-ST-ZIP: Boca Raton, FL 33433	
TITLE: TD	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GABRIEL, HERB		2.2 NAME: Gabriel, Herb	
STREET ADDRESS: 7520 LA PAZ COURT- NO 205		2.3 STREET ADDRESS: 7520 La Paz Ct #205	
CITY-ST-ZIP: BOCA RATON FL 33433		2.4 CITY-ST-ZIP: Boca Raton, FL 33433	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BLOOM, MORRIS		3.2 NAME: Behrend, John	
STREET ADDRESS: 7508 LA PAZ COURT- NO 303		3.3 STREET ADDRESS: 7535 La Paz Ct #203	
CITY-ST-ZIP: BOCA RATON FL 33433		3.4 CITY-ST-ZIP: Boca Raton, FL 33433	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LINDENBERG, BENJAMIN		4.2 NAME: Livitsky, Iris	
STREET ADDRESS: 7520 LA PAZ COURT- NO 102		4.3 STREET ADDRESS: 7535 La Paz Ct #106	
CITY-ST-ZIP: BOCA RATON FL 33433		4.4 CITY-ST-ZIP: Boca Raton, FL 33433	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DRUCKER, HERTA		5.2 NAME:	
STREET ADDRESS: 7508 LA PAZ COURT, NO. 109		5.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		5.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRANOFF, THEODORA		6.2 NAME:	
STREET ADDRESS: 7508 LA PAZ COURT- NO 203		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Roselle K Nelson 1-19-96 407-392-3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)