

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
04/29/1985

3a. Date of Last Report
03/28/1995

2. Principal Place of Business
21 **C/O Prime Mgmt Group**
Suite, Apt. #, etc.

2a. Mailing Address
26 **6300 Park of Commerce Bvd**
Suite, Apt. #, etc.

4. FEI Number
59-2647533
Applied For
Not Applicable

22 City & State
23 **BOCA RATON, FL**

27 City & State
28 **BOCA RATON, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **BOCA RATON, FL**
Zip 24 **33487** Country 25 **Palm Bch**

28 **BOCA RATON, FL**
Zip 29 **33487** Country 30 **Palm Bch**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

407-392-3666

Daytime Phone #

CR2E037 (12/95)