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 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N08960

1. Corporation Name

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

Principal Place of Business

C/O PRIME MANAGEMENT GROUP  
 1051 S. ROGERS CIRCLE  
 BOCA RATON FL 33487

Mailing Address

6300 PARK OF COMMERCE BLVD  
 BOCA RATON FL 33487  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/29/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
 59-2647533

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON  
 6300 PARK OF COMMERCE BLVD  
 BOCA RATON FL 33487

81 Name

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

83

84 City

FL

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

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	D	<input type="checkbox"/> DELETE
NAME	CALDICOTT, ROSLYN	
STREET ADDRESS	7535 LAPAZ CT, #8-201	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, ARTHUR	
STREET ADDRESS	7508 LAPAZ COURT #6110	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COHEN, SEENA	
STREET ADDRESS	7496 LAPAZ COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DRUCKER, WILLIAM	
STREET ADDRESS	7520 LA PAZ COURT- NO 102	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OBERLEDER, HAROLD	
STREET ADDRESS	7508 LAPAZ COURT 6-202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	GRANOFF, THEODORA	
STREET ADDRESS	7508 LA PAZ COURT- NO 203	
CITY-ST-ZIP	BOCA RATON FL 33433	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D AARON KIANOFSKY #201
2.3 STREET ADDRESS	7496 LAPAZ COURT #201
2.4 CITY-ST-ZIP	BOCA RATON FL 33433
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President Seena Cohen
3.3 STREET ADDRESS	7496 La Paz Ct #205
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Seena Cohen*  
 SIGNATURE REQUIRED

3/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)