

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90216 021 \*\*\*\*61.25

**DOCUMENT # N08960**

1. Entity Name

**LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOC**

Principal Place of Business

Mailing Address

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

6300 PARK OF COMMERCE BLVD  
 BOCA RATON FL 33487-8229  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2647533**

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

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

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  Delete  
 NAME **D CALDICOTT, ROSLYN**  
 STREET ADDRESS **7535 LAPAZ CT, #8-201**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D KIANOFKY, AARON**  
 STREET ADDRESS **7496 LAPAZ CT #201**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD COHEN, SEENA**  
 STREET ADDRESS **7496 LAPAZ COURT # 205**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **#205**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD DRUCKER, WILLIAM**  
 STREET ADDRESS **7520 LA PAZ COURT- NO 102 7508 NO 109**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **7508 LAPAZ Court #109**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D OBERLEDER, HAROLD**  
 STREET ADDRESS **7508 LAPAZ COURT 6-202**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPSD GRANOFF, THEODORA**  
 STREET ADDRESS **7508 LA PAZ COURT- NO 203**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE: >

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

Date

Daytime Phone #

03/10/00

(561)-394-9748

CR2E037 (9/99)