


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90001 003 \*\*\*\*61.25

**DOCUMENT # N08960**

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



Principal Place of Business  
**3300 UNIVERSITY DR.  
 #405  
 CORAL SPRINGS, FL 33065**

Mailing Address  
**3300 UNIVERSITY DR.  
 #405  
 CORAL SPRINGS, FL 33065 US**

**24036898**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03252004 Chg-NP CR2E037 (10/03)

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**

**UNITED COMMUNITY MGMT. CORP.  
 3300 UNIVERSITY DR.  
 #405  
~~POMPANO BEACH, FL 33065~~  
**CORAL SPRINGS,****

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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 type="checkbox"/> Delete
NAME	KIANOFSKY, AARON	
STREET ADDRESS	7496 LAPAZ CT #201	
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	7508 LAPAZ CT # 109	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input checked="" 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	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ng, Maureen	
STREET ADDRESS	7508 La Paz Court #304	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eyges, Robert	
STREET ADDRESS	7520 LA PAZ COURT # 308	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

**SIGNATURE:**  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR