

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90139 045 \*\*\*\*61.25

0042365

**DOCUMENT # N08960**  
1. Entity 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  
405**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3300 University Dr.  
Suite, Apt. #, etc.  
#405**

3. Mailing Address  
**3300 University Dr.  
Suite, Apt. #, etc.  
#405**

City & State  
**Coral Springs FL**

City & State  
**Coral Springs FL**

4. FEI Number **59-2647533**

Applied For  
 Not Applicable

Zip **33065** Country **USA**

Zip **33065** Country **USA**

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

6. Name and Address of Current Registered Agent  
**SWATT, MYRON  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent  
Name  
**United Community Mgmt Corp**  
Street Address (P.O. Box Number is Not Acceptable)  
**3300 University Dr.  
#405**  
City **Coral Springs** FL Zip Code **33065**

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 **UNITED COMMUNITY MGT CORP** *[Signature]* **4/1/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CALDICOTT, ROSLYN</b>	
STREET ADDRESS	<b>7535 LAPAZ CT, #8-201</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIANOFSKY, AARON</b>	
STREET ADDRESS	<b>7496 LAPAZ CT #201</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, SEENA</b>	
STREET ADDRESS	<b>7496 LAPAZ COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DRUCKER, WILLIAM</b>	
STREET ADDRESS	<b>7508 LAPAZ CT # 109</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OBERLEDER, HAROLD</b>	
STREET ADDRESS	<b>7508 LAPAZ COURT 6-202</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> Delete
NAME	<b>GRANOFF, THEODORA</b>	
STREET ADDRESS	<b>7508 LA PAZ COURT- NO 203</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM DRUCKER** (561)-394-9748

CR2E037 (10/02)