

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17257 (9)**

1. Corporation Name

LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION NUMBER SEVEN, INC.



Principal Place of Business

Mailing Address

1051 SO ROGERS CIR
BOCA RATON FL 33487
US

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BOCA RATON FL 33487
US

3. Date Incorporated or Qualified **10/15/1986** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 **PRIMS MANAGEMENT GROUP, INC.**

4. FEI Number **65-0112047** Applied For Not Applicable

22 Suite, Apt. #, etc. **6300 PARK OF COMMERCE BLVD.** Suite, Apt. #, etc.

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

23 City & State **BOCA RATON, FL 33487-8290**

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

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
C/O PRIMS MANAGEMENT GROUP, INC
1051 S. ROGERS CIRCLE
BOCA RATON FL 33487**

81 Name **SWATT, MYRON**
82 Street Address (P.O. Box Number is Not Acceptable) **PRIMS MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.**
83 **BOCA RATON, FL 33487-8290**
84 City **FL** 85 Zip Code **85**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, SONDR A.	1.2 NAME	
STREET ADDRESS	7835 LA MIRADA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LEON	2.2 NAME	
STREET ADDRESS	7773 LA MIRADA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMMER, DANIEL	3.2 NAME	
STREET ADDRESS	7838 LA MIRADA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	000001765300
STREET ADDRESS		4.3 STREET ADDRESS	-04/01/96--01113--016
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Leon Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)