

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

0056165

03-29-2001 90021 036 \*\*\*\*61.25

**DOCUMENT # N17257**  
 1. Entity Name  
**LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION**

Principal Place of Business C/O PRIME MANGEMENT GROUP, INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8290 US	Mailing Address C/O PRIME MANGEMENT GROUP, INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8290 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0112047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SWATT, MYRON**  
**C/O PRIME MANGEMENT GROUP, INC**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON FL 33487-8290**

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.

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

**FILE NOW:**  
**SEE 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

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	TRACY, SONDR R.	
CITY-ST-ZIP	7835 LA MIRADA DR. BOCA RATON FL	
TITLE NAME	PD	<input type="checkbox"/> Delete
STREET ADDRESS	COHEN, LEON	
CITY-ST-ZIP	7773 LA MIRADA DR BOCA RATON FL	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	STAMMER, DANIEL	
CITY-ST-ZIP	7838 LA MIRADA DRIVE BOCA RATON FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Myron Swatt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01 394-3942  
 Date Daytime Phone #

CR2E037 (10/00)