

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


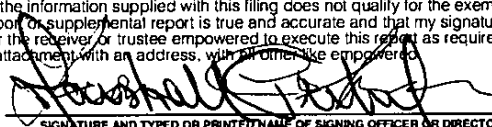
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May 09, 2005 8:00 am
Secretary of State

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02222005 Chg-NP CR2E037 (10/03)

DOCUMENT # N17257					
1. Entity Name LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATIONNUMBER SEVEN, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0112047	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWATT, MYRON C/O PRIME MANGEMENT GROUP, INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487-8290			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINCENNIE, HELEN		NAME		
STREET ADDRESS	7836 LA MIRADA DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, LEON		NAME		
STREET ADDRESS	7773 LA MIRADA DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAMMER, DANIEL		NAME		
STREET ADDRESS	7838 LA MIRADA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 promoter-like empowerment.					
SIGNATURE: 		MARSHALL TERKEL		4-18-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	