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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28673

1. Corporation Name

IMPRESSIONS AT BOCA CHASE HOMEOWNERS ASSOCIATION 9B, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT  
6300 S. PRK OF COMM  
BOCA RATON FL 33487

PRIME MANAGEMENT  
6300 S. PRK OF COMM  
BOCA RATON FL 33487



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/03/1988

22 City & State

27 City & State

4. FEI Number  
65-0152323

Applied For  
Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, DON  
21270 MILLBROOK CT.  
BOCA RATON FL 33498

81 Name KEITH SACHUK c/o PRIME MANAGEMENT GROUP INC  
82 Street Address (P.O. Box Number is Not Acceptable) 6300 Park of Commerce Blvd  
83  
84 City Boca Raton FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Keith Sachuk PRIME MANAGEMENT GROUP INC 4-13-99  
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	DP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DON	
STREET ADDRESS	21270 MILLBROOK CT.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURLON, ANGELO	
STREET ADDRESS	21451 SAWMILL CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LOVEJOY, LYNN	
STREET ADDRESS	21371 SAWMILL CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISNER, ANN	
STREET ADDRESS	21270 MILLBROOK CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gladys Libertella
5.3 STREET ADDRESS	11390 Coral Bay Dr.
5.4 CITY-ST-ZIP	Boca Raton, FL 33498
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Donald Campbell 4-13-99 561-989-5026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037\_ (11/98)