FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90039 038 ****61.25

DOCUMENT # N28673 1. Corporation Name

IMPRESSIONS AT BOCA CHASE HOMEOWNERS ASSOCIATION 9B, INC.

Principal Place of Business
PRIME MANAGEMENT
6300 S. PRK OF COMM
BOCA RATON FL 33487

2. Principal Place of Business

Mailing Address

2a. Mailing Address

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



3. Date Incorporated or Qualifed

----- soods - 38

21		26		10/03/1988		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22	· · · · ·	27		65-0152323	Not Applicable	
City & State	City & State City & State		-	5. Certificate of Status Desired	\$8.75 Additional	
3			5. Certificate of Status Desired	Fee Required		
Zip Country Zip		Country	6. Election Campaign Financing	\$5.00 May Be		
25 29 30			1	Trust Fund Contribution	Added to Fees	
L	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register		
			81 Name	EITH SACHUK GOPR	IME MANGEMEN	
CAMPBEL	L. DON		82 Street Ad	idress (P.O. Box Number is Not Acceptable)	01.0	
	LBROOK CT.		63	on Park of Comme	rce Dival	
BOCA RA	TON FL 33498		83	•		
500			84 City		85 Zip Code	
			" " " " B	oca Katan F	L 85 Zip Code 3 3487	
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 WILL AND SIGNALAR PRINT MANAGEMENT GROUD INC 4-13-98						
SIGNATURE YUKL SACHUL PRINT MANAGEMENT GROUD INC 4-13-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	CAMPBELL, DON		1.2 NAME			
STREET ADDRESS	21270 MILLBROOK CT.		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	BURLON, ANGELO	_	2.2 NAME			
	21451 SAWMILL CT		2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CITY-ST-ZIP		700	
CITY-ST-ZIP	BOCA RATON FL 33498	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
TITLE	DST	<u> </u>	3.2 NAME			
NAME	LOVEJOY, LYNN		1			
STREET ADDRESS	21371 SAWMILL CT	•	3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	D	☐ DELETE	4.1 TITLE		□ Change □ Addition	
NAME	WEISNER, ANN		4. 2 NAME			
STREET ADDRESS	21270 MILLBROOK CT		4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		4.4 CITY-ST-ZIP		F3.0) 1534-444-	
TITLE		☐ DELETE	5.1 TITLE	Sindus libertelli	☐ Change © Addition	
NAME			5.2 NAME	fladys Libertella 1390 Coral Bay Dr.		
STREET ADDRESS			5.3 STREET ADDRESS	1346 Chai may		
CITY-ST-ZIP				3000 Raton F133498		
TITLE		☐ DELETE	6.1 TITLE	-	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-\$T-ZIP			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 Chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE