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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34137

1. Corporation Name
BOCA SPRINGS ASSOCIATION, INC.

Principal Place of Business 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	Mailing Address PRIME MGMT 5300 PARK OF COMMERCE BOCA RATON FL 33487 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/08/1989
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0163218
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SWATT, MYRON
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LATOPOCSKI, STAN	
STREET ADDRESS	10005 COUNTRY BROOKE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LATOPOLSKI, STAN	
STREET ADDRESS	10005 COUNTRY BROOK RD	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAMPIERI, RICHARD	
STREET ADDRESS	10821 FOXGLEN DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MIRANDI, ART	
STREET ADDRESS	10068 COUNTRY BROOKE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMAIN, DOUG	
STREET ADDRESS	10273 BOCA SPRIGS DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CIRILLO, TONY	
STREET ADDRESS	10064 COUNTRY BROOKE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33428	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tony Cirillo	
1.3 STREET ADDRESS	10064 Country Brook Road	
1.4 CITY-ST-ZIP	Boca Raton, FL 33428	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stan Latopolski	
2.3 STREET ADDRESS	10005 Country Brook Road	
2.4 CITY-ST-ZIP	Boca Raton, FL 33428	
3.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Art Mirandi	
4.3 STREET ADDRESS	10068 Country Brook Road	
4.4 CITY-ST-ZIP	Boca Raton, FL 33428	
5.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve Valenzi	
6.3 STREET ADDRESS	10237 Boca Springs Drive	
6.4 CITY-ST-ZIP	Boca Raton, FL 33428	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ DATE: _____ DAYTIME PHONE #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

SIGNATURE REQUIRED

561 535-2149
 561 495-4102