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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90008 030 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N34137**

1. Corporation Name

**BOCA SPRINGS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487

PRIME MGMT  
5300 PARK OF COMMERCE  
BOCA RATON FL 33487  
US

6300 →



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

09/08/1989

4. FEI Number  
65-0163218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LATOPOCKSKI, 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same	
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)(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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 535-2149  
561 495-4102

CR2E037 (11/98)