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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000431 (8)

1. Corporation Name

CORAL ISLE AT BOCA CHASE MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O SPECIALTY MANAGEMENT CO
220 CONGRESS PARK DR., #130
DELRAY BCH. FL 33445

C/O SPECIALTY MANAGEMENT CO
220 CONGRESS PARK DR., #130
DELRAY BCH. FL 33445-4605

3. Date Incorporated or Qualified
11/20/1992

3a. Date of Last Report
04/26/1996

EI Number
65-0448347

Applied For
Not Applicable

PRIME MGMT GROUP, INC.
6300 PARK OF COMMERCE BLV
BOCA RATON, FL 33487

PRIME MGMT GROUP, INC.
6300 PARK OF COMMERCE BLV
BOCA RATON, FL 33487

ertificate of Status Desired \$8.75 Additional Fee Required
lection Campaign Financing \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPECIALTY MANAGEMENT COMPANY
220 CONGRESS PARK DRIVE
SUITE 130
DELRAY BEACH FL 33445

81
82
83
84

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 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

Signature of individual or principal 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURATT, IRA	
STREET ADDRESS	11285 CORAL REEF DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GELERTER, ABBOT	
STREET ADDRESS	18270 CORAL CHASE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVINE, BERTON	
STREET ADDRESS	18343 CORAL SANDS WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DILIBERTO, CARL	
STREET ADDRESS	18231 CORAL ISLES DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAUNSTEIN, BOB	
STREET ADDRESS	11229 CORAL REEF DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEVINE, BURTON	
1.3 STREET ADDRESS	18343 CORAL SANDS WAY	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DILIBERTO, CARL	
2.3 STREET ADDRESS	18231 CORAL ISLES DRIVE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
3.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRAUNSTEIN, ROBERT	
3.3 STREET ADDRESS	11229 CORAL REEF DRIVE	
3.4 CITY-ST-ZIP	BOCA RATON FL 33498	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLACKMAN, LARRY	
4.3 STREET ADDRESS	18344 CORAL SANDS WAY	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE

[Handwritten Signature] 4/15/97

CR2E037 (9/96)