

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
PRIME MGMT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US		PRIME MGMT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	11/20/1992
4. FEI Number	65-0448347
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name	MYRON SWATT
82	Street Address (If FEI Number is not acceptable)	6300 PARK OF COMMERCE BOULEVARD
83		PRIME MANAGEMENT GROUP, INC
84	City	BOCA RATON
85	State	FL
86	Zip	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]* PRESIDENT DATE: 2/17/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, BURTON	
STREET ADDRESS	18343 CORAL SANDS WAY	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DILIBERTO, JACK	
STREET ADDRESS	18231 CORAL ISLES DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" 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 33498	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAUNSTEIN, BOB	
STREET ADDRESS	11229 CORAL REEF DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ND	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLACKMAN, LAWRENCE	
1.3 STREET ADDRESS	18344 CORAL SANDS WAY	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
2.1 TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DODGE, DAVID	
2.3 STREET ADDRESS	18280 CORAL ISLES DRIVE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
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 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 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: *[Signature]* DATE: 2/17/98

CR2E037 (10/97)