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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90096 002 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N92000000431**

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/20/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0448347
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MYRON SWATT 6300 PARK OF COMMERCE BLVD PRIME MANAGEMENT GROUP INC BOCA RATON FL 33487	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEVINE, BURTON	1.1 TITLE	PD - Antoinette Garcia
NAME	18343 CORAL SANDS WAY	1.2 NAME	1836 Coral Isles Drive
STREET ADDRESS	BOCA RATON FL 33498	1.3 STREET ADDRESS	Boca Raton, FL 33498
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD BLACKMAN, LAWRENCE	2.1 TITLE	SD Sheldon Jares
NAME	18344 CORAL SANDS WAY	2.2 NAME	18248 Coral Isles Drive
STREET ADDRESS	BOCA RATON FL 33498	2.3 STREET ADDRESS	Boca Raton, FL 33498
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TSD DODGE, DAVID	3.1 TITLE	D Mark Sherman
NAME	18280 CORAL ISLES DR	3.2 NAME	18336 Coral Chase Drive
STREET ADDRESS	BOCA RATON FL 33498	3.3 STREET ADDRESS	Boca Raton, FL 33498
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D DILIBERTO, CARL	4.1 TITLE	YPD Robert Braunstein
NAME	18231 CORAL ISLES DRIVE	4.2 NAME	11229 Coral Reef Drive
STREET ADDRESS	BOCA RATON FL 33498	4.3 STREET ADDRESS	Boca Raton, FL 33498
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BRAUNSTEIN, BOB	5.1 TITLE	
NAME	11229 CORAL REEF DRIVE	5.2 NAME	
STREET ADDRESS	BOCA RATON FL 33498	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	D Joseph Escobar
NAME		6.2 NAME	18240 Coral Isles Drive
STREET ADDRESS		6.3 STREET ADDRESS	Boca Raton, FL 33498
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* 4/19/99 999-8661-26

CR2E037 (11/98)