

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90085 028 ****61.25

DOCUMENT # N92000000431

1. Entity Name

CORAL ISLE AT BOCA CHASE MASTER HOMEOWNERS ASSOC



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business PRIME MGMT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US | Mailing Address PRIME MGMT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | | |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number 65-0448347 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MYRON SWATT
6300 PARK OF COMMERCE BLVD
PRIME MANAGEMENT GROUP INC
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE PD | NAME GARCIA, ANTOINETTE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 18336 CORAL ISLES DRIVE | CITY-ST-ZIP BOCA RATON FL 33498 | |
| TITLE SD | NAME PARS, SHELDON | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 18248 CORAL ISLES DRIVE | CITY-ST-ZIP BOCA RATON FL 33498 | |
| TITLE D | NAME SHERMAN, MARK | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 18336 CORAL CHASE DRIVE | CITY-ST-ZIP BOCA RATON FL 33498 | |
| TITLE D | NAME ESCOBAR, ROBERT | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 11229 CORAL REEF DRIVE | CITY-ST-ZIP BOCA RATON FL 33498 | |
| TITLE D | NAME BRAUNSTEIN, BOB | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 11229 CORAL REEF DRIVE | CITY-ST-ZIP BOCA RATON FL 33498 | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE PD | NAME Burton Levine | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 18343 Coral Sandsway | CITY-ST-ZIP Boca Raton, FL 33498 | |
| TITLE DV | NAME Hank Schilling | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 18296 Coral Isle Dr. | CITY-ST-ZIP Boca Raton, Fl. 33498 | |
| TITLE SD | NAME Sheldon Paris | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 18248 Coral Isles Dr. | CITY-ST-ZIP Boca Raton FL 33498 | |
| TITLE TD | NAME Abbot Gelerter | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 18270 Coral Chase Dr. | CITY-ST-ZIP Boca Raton, FL 33498 | |
| TITLE D | NAME Brock Wagner | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 18288 Coral Isles Dr. | CITY-ST-ZIP Boca Raton, FL 33498 | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Abbot Gelerter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/00
 Daytime Phone #

CR12E037 (9/99)