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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000962 (0)**

1. Corporation Name

MEADOW LAKES AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.

Pri
403: **PRIME MGMT GROUP INC**
LAK **6300 PARK OF COMMERCE BLV**
US **BOCA RATON FL 33487**

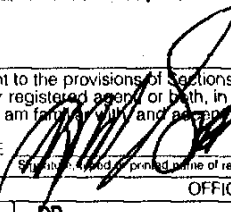
-1711



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1994	3a. Date of Last Report 04/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0491076	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRIME MGMT GROUP, INC. 6300 PARK OF COMMERCE BLV BOCA RATON, FL 33487		81 Name MYRON I SWATT	82 Street Address (P.O. Box Number Not Acceptable) PRIME MANAGEMENT GROUP INC
		83 6300 PARK OF COMMERCE BLVD	84 BOCA RATON FL
		85 City FL	86 Zip Code 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  (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGER, IRENE F.	1.2 NAME	SHERMAN, STEVEN
STREET ADDRESS	10205 BROOKVILLE LANE	1.3 STREET ADDRESS	23416 SERENE MEADOW DRIVE SOUTH
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, JULES	2.2 NAME	BRAND, ROBERT
STREET ADDRESS	23316 TREELINE DRIVE	2.3 STREET ADDRESS	10172 AQUA VISTA WAY
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAND, ROBERT	3.2 NAME	CAPSUTO, FRAN
STREET ADDRESS	10172 AQUA VISTA WAY	3.3 STREET ADDRESS	10178 AQUA VISTA WAY
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULMAN, NORMAN	4.2 NAME	EDGAR VAUGHAN
STREET ADDRESS	23423 SERENE MEADOW DRIVE SOUTH	4.3 STREET ADDRESS	23423 RADIANT CT
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON FL
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	OT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, STEVEN	5.2 NAME	SCHULMAN, NORMAN
STREET ADDRESS	23416 SERENE MEADOW DRIVE SOUTH	5.3 STREET ADDRESS	23423 SERENE MEADOW DR. S.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Myron I Swatt** Date **4-17-97** Daytime Phone # **561-488-4357**

CR2E037 (9/96)