3-8-95 A-1937-C

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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:07

DOCUMENT # N02989 (4)

1. Corporation Name

ESPLANADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION , INC.

Principal Place of Business	Mailing Address
% PRIME MANAGEMENT GROUP, INC. 1051 S. ROGERS CIRCLE BOCA RATON FL 33487 US	% PRIME MANAGEMENT GROUP,INC. 1051 S ROGERS CIRCLE BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1984
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2646234 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. (21) Principal Place of Business
2a. (26) Mailing Address
(22) Suite, Apt. #, etc.
(27) Suite, Apt. #, etc.
(23) City & State
(28) City & State
(24) Zip
(25) Country
(29) Zip
(30) Country

9. Name and Address of Current Registered Agent

IRVING, JUNE M.
~~PRIME MANAGEMENT GROUP, INC.~~
~~1051 SO ROGERS CIR~~
~~BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent

(81) Name: SUNWEST MGMT SERVICE CORP.
(82) Street Address (P.O. Box Number is Not Acceptable): 1100 S. STATE Road SEVEN - SUITE 103
(83)
(84) City: MARGATE, FL (85) Zip Code: 33068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DS~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~IVAN, SHERMAN~~	1.2 NAME	REICHENTHAL, H	
STREET ADDRESS	~~22608 ESPLANADA CIRCLE~~	1.3 STREET ADDRESS	22672 ESPLANADA CR.	
CITY-ST-ZIP	~~BOCA RATON FL~~	1.4 CITY-ST-ZIP	BOCA, RATON FL	
TITLE	~~VD~~	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	~~REICHENTHAL, HAROLD~~	2.2 NAME	IVAN, SHERMAN	
STREET ADDRESS	~~22672 ESPLANADA CIRCLE~~	2.3 STREET ADDRESS	22608 ESPLANADA CR.	
CITY-ST-ZIP	~~BOCA RATON FL~~	2.4 CITY-ST-ZIP	BOCA, RATON FL	
TITLE	~~PD~~	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	~~VOLK, SHELDON~~	3.2 NAME	SALTZ, SIDNEY	
STREET ADDRESS	~~22584 ESPLANADA CIR~~	3.3 STREET ADDRESS	22660 ESPLANADA CR.	
CITY-ST-ZIP	~~BOCA RATON FL~~	3.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE	~~DT~~	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~SALTZ, SIDNEY~~	4.2 NAME	VOLK, SHELDON	
STREET ADDRESS	~~22660 ESPLANADA CIR~~	4.3 STREET ADDRESS	22584 ESPLANADA CR.	
CITY-ST-ZIP	~~BOCA RATON FL~~	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	SCINICARIELLO, RALPH	5.2 NAME		
STREET ADDRESS	22524 ESPLANADA CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	POMEROY, GEORGE	6.2 NAME		
STREET ADDRESS	22580 ESPLANADA CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 2/13/95 305-760-7286
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

6013603