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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N08960

(9)

LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOC IATION, INC.

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP 1051 S. ROGERS CIRCLE BOCA RATON FL 33487

C/O PRIME MANAGEMENT GROUP 1051 S. ROGERS CIRCLE BOCA RATON FL 33487



BOOK HATGITE SUNG!					3. Date Incorporated or Qualified				
Principal Place of Business	20	Mailing Address			n:-3		04/29/1985 4. FEI Number		
21 C/O Prime Mgmt		6300 Park		α.	Bvd		59-2647533	⊢	Applied For
Suite, Apt. #, etc.		Suite, Apt. #. etc.	. 01	<u>U</u>	Omnie.	Ce	00 2047 000		Not Applicable
22	27						Certificate of Status Desired	,	Additional Required
City & State	City & State				6. Election Campaign Financing \$5.00 May Be				
23 BOCA RATON, FL							Trust Fund Contribution	□ Adde	d to Fees
Zip Country				Country 8. This corporation has liability for intangible tax under s. 199.032 Palm Bch Florida Statutes 7 Yes 7 No.			199.032,		
24 33487 25 Palm Bch 29 33487 30 9. Name and Address of Current Registered Agent				a Ti					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name									
CHATT MUDON				SWATT, MYRON					
SWATT, MYRON				82 Street Address (P.O. Box Number is Not Acceptable)					
1051 S. ROGERS CRICLE				6300 PARK OF COMMERCE BLVD.					
BOCA RATON FL 33487				03					
				84	City			85 Z ₀	Code
44.0					В	OCA	RATON,	FL "	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, Soction 617.0503, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of					t signature rec	quired wh	nen reinstating)	DATE	
	FFICERS AND DIRECT		13		· · ·		ADDITIONS/CHANGES TO OFFICE		
PD	=	DEFELE		TITLE		7.0		Change	Addition
NELSON, ROSELLE K				NAME		Dri	seker, William 08 La Paz Ct, #109		
STREEL ADDRESS 7520 LA PAZ COURT - NO 206			1.3 \$						
CITY-ST-ZIP BOCA RATON FL	33433			CITY - S	T-21P	Boca	: faton, FL 33433		
TITLE TD		DELETE	2.11	TITLE	1	D		Change	Addition
NAME GABRIEL, HERB		22 NAME			Gabriel, Herb 7520 he Paz Ct #205		-		
STREET ADDRESS 7520 LA PAZ COL			2 3 STRE		ET ADDRESS 75		20 ha laz Ci mas		
CITY-SI-ZIP BOCA RATON FL	33433				2 4 CITY-ST-ZIP 3.		ce Ruton, FL 33433		
TOLE D		DELETE	311	TITLE		D		☐ Change	Addition
NAME BLOOM, MORRIS			3.2 NAM				hrend, John		
STREET ADDRESS 7508 LA PAZ COL	JRT- NO 303		3.3 STF				35 La Paz C+ #203		
CITY-ST-ZIP BOCA RATON FL			3.4.	CITY-S	1-ZIP	Boo	ra Raton, F 6 33 433		
TITLE D		E DELETE	4.1 1	TITLE		D	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME LINDENBERG, BEI	NJAMIN		4.2	NAME		Liv	ritsky, Iris 35 La Paz Ct 4106	•	•
STHEET ADDRESS 7520 LA PAZ COL			4.3 9	STREET	ADDRESS	75	35 La Paz Ct # 106		
CITY-ST-ZIP BOCA RATON FL				HTY-SI			a Raton, GL 33433		
TITLE D		DELETE	5.1 7					☐ Change	☐ Addition
NAME DRUCKER, HERTA	4		5.2 1	NAME					
STREET ADDRESS 7508 LA PAZ COL			5.3.9	STREET	ADDRESS				
CITY-ST-ZIP BOCA RATON FL				CITY-S1					
TITLE SD		DELETE	6.1 7		<u> </u>			Change	Addition
NAME GRANOFF, THEOI	DORA			NAME					
STREET ADDRESS 7508 LA PAZ COL					ADDRESS				
CITY-ST-ZIP BOCA RATON FL				CITY - ST					
14. I do hereby certify that the informat	ion supplied with this fi	ling is voluntarily furnish	hed and	l does	not quali	fy for t	he exemption stated in Section 119.076	3)(k). Florida Statut	es 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: Local & Malson Signing OFFICER OR DIRECTOR

407-392-3866