

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N08960 (9)**

1. Corporation Name

**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 334876300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487-8229  
US

3. Date Incorporated or Qualified

04/29/1985

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	<input type="checkbox"/> DELETE
NAME	NELSON, ROSELLE K	
STREET ADDRESS	7520 LA PAZ COURT - NO 206	
CITY - ST - ZIP	BOCA RATON FL 33433	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GABRIEL, HERB	
STREET ADDRESS	7520 LA PAZ COURT- NO 205	
CITY - ST - ZIP	BOCA RATON FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, MORRIS	
STREET ADDRESS	7508 LA PAZ COURT- NO 303	
CITY - ST - ZIP	BOCA RATON FL 33433	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP. D Cohen, Seena
3.3 STREET ADDRESS	7496 LA PAZ COURT
3.4 CITY - ST - ZIP	BOCA RATON, FL 33433

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DRUCKER, WILLIAM	
STREET ADDRESS	7520 LA PAZ COURT- NO 102	
CITY - ST - ZIP	BOCA RATON FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEHREND, JOHN	
STREET ADDRESS	7535 LA PAZ COURT #203	
CITY - ST - ZIP	BOCA RATON FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WOLF, HARRY
5.3 STREET ADDRESS	7508 LA PAZ COURT
5.4 CITY - ST - ZIP	BOCA RATON FL 33433

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRANOFF, THEODORA	
STREET ADDRESS	7508 LA PAZ COURT- NO 203	
CITY - ST - ZIP	BOCA RATON FL 33433	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

Date

Daytime Phone # 381-391-4351

2/21/97

CR2E037 (9/96)