


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**



3. Date Incorporated or Qualified

04/29/1985

4. FEI Number

59-2647533

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 |
| 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 | 1.1 TITLE | Director |
| NAME | NELSON, ROSELLE K | 1.2 NAME | Roslyn CALDICOTT |
| STREET ADDRESS | 7520 LA PAZ COURT - NO 206 | 1.3 STREET ADDRESS | 7535 LAPAZ Court #8-201 |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 1.4 CITY-ST-ZIP | Boca Raton, FL 33433 |
| TITLE | D | 2.1 TITLE | DIRECTOR |
| NAME | GABRIEL, HERB | 2.2 NAME | Arthur Levy |
| STREET ADDRESS | 7520 LA PAZ COURT- NO 205 | 2.3 STREET ADDRESS | 7508 LAPAZ Court #6110 |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | Boca Raton, FL 33433 |
| TITLE | VD | 3.1 TITLE | President Director |
| NAME | COHEN, SEENA | 3.2 NAME | |
| STREET ADDRESS | 7496 LAPAZ COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | |
| NAME | DRUCKER, WILLIAM | 4.2 NAME | |
| STREET ADDRESS | 7520 LA PAZ COURT- NO 102 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | Director |
| NAME | WOLF, HARRY | 5.2 NAME | Harold Oberleider |
| STREET ADDRESS | 7508 LA PAZ COURT | 5.3 STREET ADDRESS | 7508 LAPAZ Court #6-202 |
| CITY-ST-ZIP | BOCA RATON FL | 5.4 CITY-ST-ZIP | Boca Raton, FL |
| TITLE | SD | 6.1 TITLE | Vice Pres. Secretary, Director |
| NAME | GRANOFF, THEODORA | 6.2 NAME | |
| STREET ADDRESS | 7508 LA PAZ COURT- NO 203 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 6.4 CITY-ST-ZIP | |

14. 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 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:

Myron Swatt, TRAS. 04/11/98

CP2E037 (10/97)