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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08960

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/29/1985

4. FEI Number

59-2647533

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D
NAME CALDICOTT, ROSLYN
STREET ADDRESS 7535 LAPAZ CT, #8-201
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

TITLE D
NAME LEVY, ARTHUR
STREET ADDRESS 7508 LAPAZ COURT #6110
CITY-ST-ZIP BOCA RATON FL 33433

☒ DELETE

TITLE PD
NAME COHEN, SEENA
STREET ADDRESS 7496 LAPAZ COURT
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE TD
NAME DRUCKER, WILLIAM
STREET ADDRESS 7520 LA PAZ COURT- NO 102
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D
NAME OBERLEDER, HAROLD
STREET ADDRESS 7508 LAPAZ COURT 6-202
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VPSD
NAME GRANOFF, THEODORA
STREET ADDRESS 7508 LA PAZ COURT- NO 203
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)