

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90035 013 ****61.25

DOCUMENT # N02989

1. Corporation Name

**ESPLANADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION
, INC.**

Principal Place of Business

% PRIME MANAGEMENT GROUP, INC.
1051 S. ROGERS CIRCLE
BOCA RATON FL 33487
US

Mailing Address

1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/09/1984

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

9. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MANAGEMENT, INC
1215 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441

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 ☒ DELETE
NAME ~~WOLK, SHELLEY~~
STREET ADDRESS 22584 ESPLANADA CIR.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ DELETE
NAME ~~WENER, SID~~
STREET ADDRESS 22553 ESPLANADA DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE
NAME S
STREET ADDRESS DRAKE, MILTON
CITY-ST-ZIP 22565 ESPLANADA DR BOCA RATON FL 33433

TITLE ☐ DELETE
NAME ~~D~~
STREET ADDRESS LEVINE, IRV
CITY-ST-ZIP 22647 ESPLANADA CIR. BOCA RATON FL 33433

TITLE ☐ DELETE
NAME D
STREET ADDRESS POMEROY, GEORGE
CITY-ST-ZIP 22589 ESPLANADA CIR. BOCA RATON FL 33433

TITLE ☐ DELETE
NAME P
STREET ADDRESS RIECHENTHAL, HAL
CITY-ST-ZIP 22672 ESPLANADA CIR. BOCA RATON FL 33433

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS LEEDS, GERALD
1.4 CITY-ST-ZIP 22549 ESPLANADA DR BOCA RATON, FL 33433

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME T
2.3 STREET ADDRESS DROGIN, ELY
2.4 CITY-ST-ZIP 22632 ESPLANADA CIR. BOCA RATON, FL 33433

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VP
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037-11198