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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

\$5.00 May Be Added to Fees

Trust Fund Contribution

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE VP Change Addition
 4.2 NAME
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

(954) 725-8170
 750-7216

CR2F037-11198