

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08960

1. Entity Name

LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOC

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90216 021 \*\*\*\*61.25

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 33487-8229  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2647533

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CALDICOTT, ROSLYN	
STREET ADDRESS	7535 LAPAZ CT, #8-201	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIANOFFSKY, AARON	
STREET ADDRESS	7496 LAPAZ CT #201	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, SEENA	
STREET ADDRESS	7496 LAPAZ COURT # 205	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DRUCKER, WILLIAM	
STREET ADDRESS	7520 LA PAZ COURT- NO 102 7508 NO 109	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBERLEDER, HAROLD	
STREET ADDRESS	7508 LAPAZ COURT 6-202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GRANOFF, THEODORA	
STREET ADDRESS	7508 LA PAZ COURT- NO 203	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#205	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7508 LAPAZ Court #109	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

03/10/00

(561)-394-9748

Date

Daytime Phone #

CR2E037 (9/99)