

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90261 042 \*\*\*\*61.25

**DOCUMENT # N08960**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2647533**

Applied For

Not Applicable

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

*WILLIAM DRUCKER*  
 WILLIAM DRUCKER

04/05/02 (561)-394-4742

CR2E037 (9/01)