

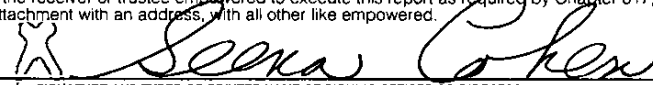


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90001 022 \*\*\*\*61.25

<b>DOCUMENT # N08960</b> 1. Entity Name <b>LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>11784 W SAMPLE RD POMPANO BEACH, FL 33065</b>			Mailing Address <b>6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40054003</b>  	
City & State		City & State		02272008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2647533</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>UNITED COMMUNITY MGMT. CORP. 11784 W SAMPLE RD POMPANO BEACH, FL 33065</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALDICOTT, ROSLYN 7535 LAPAZ CT, #8-201 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIANOFKY, AARON 7496 LAPAZ CT #201 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, SEENA- 7496 LAPAZ COURT BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTTINGER, GEORGE 7508 LA PAZ CT #307 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGES, ROBERT 7508 LA PAZ COURT #308 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANOFF, THEODORA 7508 LA PAZ COURT- NO 203 BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <div style="display: flex; justify-content: space-between;"> <div>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </div> <div> <b>DIRECTOR</b>   <b>PRESIDENT</b>   <b>TREASURER</b>   <b>SECRETARY</b>   <b>Vice President</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div> </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <span style="float: right;">3/19/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					