

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90224 049 \*\*\*150.00

**DOCUMENT # 565870**

1. Entity Name  
**PRIME REALTY ASSOCIATES, INC.**



Principal Place of Business  
**6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US**

Mailing Address  
**C/O CORP SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US**

**DO NOT WRITE IN THIS SPACE**



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0171493**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
D  
CANNATARO, BARBARA  
STREET ADDRESS  
6300 PARK OF COMMERCE BLVD  
CITY-STATE-ZIP  
BOCA RATON, FL 33487

TITLE  
NAME  
VP  
LESTER, ANDREW C  
STREET ADDRESS  
6300 PARK OF COMMERCE BLVD.  
CITY-STATE-ZIP  
BOCA RATON, FL 33487

TITLE  
NAME  
AS  
FRIEDRIECHSEN, JOHN B  
STREET ADDRESS  
1140 BAY STREET, STE. 4000  
CITY-STATE-ZIP  
TORONTO, ON m552b4

TITLE  
NAME  
D  
SWATT, MYRON L  
STREET ADDRESS  
6300 PARK OF COMMERCE BLVD  
CITY-STATE-ZIP  
BOCA RATON, FL 33487

TITLE  
NAME  
ST  
LANG, WENDY  
STREET ADDRESS  
6300 PARK OF COMMERCE BLVD  
CITY-STATE-ZIP  
BOCA RATON, FL 33487

TITLE  
NAME  
CEOP  
SOLLINS, CHARLES D  
STREET ADDRESS  
6300 PARK OF COMMERCE BLVD  
CITY-STATE-ZIP  
BOCA RATON, FL 33487

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IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #