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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N00828 (6)BOCA GLADES "A" CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address % PRIME MANAGEMENT % PRIME MANAGEMENT 3. Date Incorporated or Qualified 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD <u>01/11/1984</u> **BOCA RATON FL 33487 BOCA RATON FL 33487** 4, FEI Number Applied For 59-2508580 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional Certificate of Status Desired 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 29 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRIME MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) % MYRON SWATT 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 84 City Zip Code 85 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 han reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change \_\_\_ Addition GREENBERG, BENJAMIN B NAME 1.2 NAME 8411 BOCA GLADES BLVD E 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE NAME HIRSCH, EDYTHE 2.2 NAME 8413 BOCA GLADES BLVD. E. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE TITLE PALEFSKY, RUTH 3.2 NAME NAME 8415 BOCA GLADES BLVD E STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL 33433** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Razzore, Caesar NAME 4.2 NAME 8399 Boca Glades, E. STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE weiger. Wayne NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE TIT) F 62 NAME NAME Knott, TOM

14. Thereby 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 of supplemental annual report is the 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 conformation of the receiver of trustice endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, or on an attackment with any address. required by Chapter 612, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

1-561 487-8266

FILED

Feb 16 1998 8:00am