2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **N00828** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name BOCA GLADES "A" CONDOMINIUM ASSOCIATION, INC. 04-11-2000 90040 005 ****61.25 Principal Place of Business Mailing Address % PRIME MANAGEMENT % PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487** BOCA RATON FL 33487-8229 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2508580 Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRIME MANAGEMENT, INC % MYRON SWATT 6300 PARK OF COMMERCE BLVD Zip Code City BOCA RATON FL 33487 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition TITLE ☐ Change PD ☐ Delete TITLE NAME NAME SATREN, LARRY STREET ADDRESS STREET ADDRESS 8467 BOCA GLADES BLVD E. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Addition ☐ Change TITLE ☐ Delete TITLE σT D., WEGIEL, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 8381 BOCA GLADES E. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition TITLE □ Delete TITLE SD NAME NAME Hirsh, Edith STREET ADDRESS STREET ADDRESS 8413 BOOCA GLADES BLVD E. CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33433** DVP Addition Change Delete TITLE TITLE GREENBERG, BEN NAME NAME KNOTT, TOM STREET ADDRESS STREET ADDRESS 8411 BOCA GLADES, E 8457 BOCA GLADES BLVD E CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** BOCA RATON, FL 33433 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #