2002 UNIFORM BUSINESS REPORT (UBR)

or trustee empowered to execute the an address, with all other li

changed, or on an attachment

SIGNATURE

Feb 26, 2002 8:00 am Secretary of State **DOCUMENT # N00828** 1. Entity Name 02-26-2002 90081 010 ****61.25 BOCA GLADES "A" CONDOMINIUM ASSOCIATION, INC. 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** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2508580 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRIME MANAGEMENT, INC **3 MYRON SWATT** 200 PARK OF COMMERCE BLVD Zip Code City CA 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. SIGNĂTURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TD Tr f ☐ Addition ☐ Delete TITLE TITLE NAME WEGIEL, WAYNE NAME STREET ADDRESS STREET ADDRESS 8381 BOCA GLADES E. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition SD ☐ Delete TITLE TITLE NAME NAME HIRSH, EDITH STREET ADDRESS STREET ADDRESS 8313 BOCA GLADES BLVD. EAST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition TITLE ☐ Delete NAME NAME GREENBERG, BEN STREET ADDRESS STREET ADDRESS 8411 BOCA GLADES E CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MCELLIGOTT, BILL NAME NAME STREET ADDRESS STREET ADDRESS 8445 BOCA GLADES BLVD. EAST CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 **Addition** ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 supplied that 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 received of trustee empowered to execute this aport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED