

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90075 026 ****61.25

DOCUMENT # N00828

1. Entity Name
BOCA GLADES "A" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**% PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Mailing Address
**% PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

94052775



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2508580

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRIME MANAGEMENT, INC
% MYRON SWATT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WEGIEL, WAYNE
8381 BOCA GLADES E.
BOCA RATON, FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HIRSH, EDITH
8313 BOCA GLADES BLVD. EAST
BOCA RATON, FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GREENBERG, BEN
8411 BOCA GLADES E
BOCA RATON, FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCELLIGOTT, BILL
8445 BOCA GLADES BLVD. EAST
BOCA RATON, FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARCUS, GAIL
8319 BOCA GLADES BLVD. EAST
BOCA RATON, FL 33434**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TOM MARINO
8257 BOCA GLADES BL. E
BOCA RATON 33434 FL**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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 #