2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State
08-21-2006 90001 043 ****61.25

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DOCUMENT # N00828

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

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

07102006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
8381 BOCA GLADES BLVD E Suite, Apt. #, etc.	8381 BOCA GLADES BLVD E Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33434 Country: PALM BEACH	Zip: 33434 Country: PALM BEACH

4. FEI Number: 59-2508580 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARINO, TOM
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8257 BOCA GLADES BLVD E.

City: BOCA RATON FL Zip Code: 33434

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 September 6, 2006

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	SD ESPANOL, JUAN FRANCISCO 8429 BOCA GLADES BLVD E BOCA RATON, FL 33434 ☐ 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	VD MANCUSO, ARTHUR 8379 BOCA GLADES BLVD E BOCA RATON, FL 33434 ☐ 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	D CARREFFA, SHEILA 8395 BOCA GLADES BLVD E BOCA RATON, FL 33434 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARINO, TOM 8257 BOCAGLADES BLVD EAST BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☑ 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 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 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: TREASURER WAYNE F. WEGIEL 8/15/06 561 483-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #