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SIGNATURE: Bill Mc Elligott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N01328

(6)

BOCA GLADES MASTER ASSOCIATION, INC.

Principa' Place of Bu	usiness	Mailing Address				
8516 BOCA GLADES BLVD W BOCA RATON FL 33434		8516 BOCA GLADES BLVD W BOCA RATON FL 33434				
				3. Date Incorporated or Qualified 02/08/1984	3a. Date of Las 03/27/	
2. Principal Place of	f Business	2a. Mailing Address		4. FEI Number		Applied For
i 8489 Bo	ca Glades Blvd	28 8489 Boca (<u> Glades Blvd</u>	E 59-2377004		Not Applicable
Suite, Apt. #, etc.).	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
! <u> </u>		27 Cata & Catalo		C Floring Committee Emphasian		 :
Orty & State	. b.a.s. DT	City & State 28 Boca Raton	ET.	Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Boca Ra Zp	Country	28 Boca Raton	Country	8. This corporation has liability for in		
33434	25 USA	├ `	30 USA] Yes ☐ No	
9.	Name and Address of Current			10. Name and Address of New Ro	egistered Agent	
			81 Name	Prime Mgmt. Gro	oup, Inc.	•
ENCORE MAI	INTENANCE & MANAGEMENT	T INC.	82 Street Addi	ress (P.O. Box Number is Not Acceptable	le)	
1080 N.W. Fil	rst avenue		6300 F	Park of Commerce	RIAG.	
STE 200	=		63	. <u> </u>		
BOCA RATON	N FL 33432		84 City	D-1	FL 85	Zip Code 33487
	60-5 017.0500	and 617 1500 Florida Statutos		Raton ration submits this statement for the pur		a resistand office
Pursuant to the	e provisions of Sections 617.0002 agent, or both, in the State of Florida	and 617,1506, Florida Statules, a. Such change was authorized	by the corporation's boa	ration submits this statement for the pur ird of directors. Thereby accept the apport liam Mc Elligott	ointment as register	ed agent. I am
or registered ag		on 617.0503, Florida Statutes.		14 No #114moth	1/25	/96
or registered ag familiar with, an	nd accept the obligations of, Section	CHASO I	ឃ 1	llam we klilddi.t.		
or registered ag familiar with, an SIGNATURE	nd accept the obligations of, section				DATE	
SIGNATURE STEAM	nd accept, the obligations of, Section A.e. typed or primal select response agents OFFICERS AND	NOTE.	Will Regustered Agent signaturo require 13.		DATE ICERS AND DIREC	TORS IN 12
SIGNATURE STORM	N. e. typed or primed salve of registered agent a OFFICERS AND	NOTE.	Registere t Agent signaturo require	ed when reinstating)	DATE	TORS IN 12
SIGNATURE Sypulle 12.	N. e. typed or primed salve of registered agent a OFFICERS AND	DIRECTORS (NOTE	Registered Agent signature require 13.	ed when reinstating)	DATE ICERS AND DIREC	TORS IN 12
SIGNATURE STRAIGHT	N. e. typed or primal name of registrating and a OFFICERS AND	DIRECTORS (NOTE	Flegistered Agent signature require 13. 11 TITLE	ed when reinstating)	DATE ICERS AND DIREC	TORS IN 12
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