## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

BOCA GLADES MASTER ASSOCIATION, INC.

Fincipal Face of business	Maining Address
8489 BOCA GLADES BLVD. E.	8489 BOCA GLADES BLVD. E.
BOCA RATON FL 33434	BOCA RATON FL 33434-4060
US	US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## **FILED** Mar 17 1998 8:00am Secretary of State

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3a. Date of Last Report 02/02/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualified 02/08/1984

59-2377004

5. Certificate of Status Desired

4. FEI Number

City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Žìp	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	5. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
4				81	Name	
PRIME N	AGMIT, GROUP, INC.			82	Street	Address (P.O. Box Number is Not Acceptable)
	RK OF COMMERCE BLVD.		į			
STE 20				83		
	ATON FL 33487			84	Cit	las I 712 Oct
	/	<b>.</b>		~	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept his provided in the statement for the purpose of changing its registered agent. I am familiar with and accept his provided in the statement for the purpose of changing its registered agent. I am familiar with and accept his provided its registered agent. I am familiar with a statement for the purpose of changing its registered office or registered agent. I am familiar with a statement for the purpose of changing its registered office or registered agent. I am familiar with a statement for the purpose of changing its registered office or registered agent. I am familiar with a statement for the purpose of changing its registered of the statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its						
Office or r	registered agent, or both, in the State in t	or Hofida. Such change wa tions/bl. Section.617.0503.	is authorizei Florida Stat	d by tutes	the corp	rporation's board of directors, I hereby accept the appointment as registered
	# VINII	h				B/2/AD
SIGNATURE .	Signature, typed or printed name of replacement aper	I no se il applicable. (N	OTE: Registered	d Age	nt signature	re required when reinstaing) DATE
12.	OFFICERS AND	D AECTORS	13.			ADDITION OHANGES TO DEFICE PS MIN DAFFOR NEW 10
TITLE	PD //	▼ DELETE	1.110	TLE		PD Addition
NAME	HAFFNER, HERB\		1.2 N/	AME		Emprani Dattie
STREET ADDRESS	6470 BOCA GLADÉS BLVD.		1.3 ST	REET	ADDRESS	8713 Boca glader Blud
CITY-ST-ZIP	BOCA RATON FL		1.4 CI	11Y - S1	T-ZIP	
TITLE	VD	DELETE	2.1 TI	TLE		✓ D
NAME	SIMONCINI, DOTTIE		2.2 N	AME		
STREET ADDRESS	8713 BOCA GLADES BLVD.		2351	TREET	ADDRESS	Haffner Herbades Blud
CITY-ST-ZIP	BOCA RATON FL		2.40	ITY-S	T- <u>ZI</u> P	BOCA PATON FI
TITLE	\$5	☐ DELETE	3.1 7(	TLE		☐ Change ☐ Addition
NAME	GOLDENBERG, ED		3.2 N/	AME		
STREET / DORESS	8889 BOCA GLADES BLVD.		3.3 ST	TREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4. C	ITY-S	T-ZIP	<u> </u>
TITLE	TD	☐ DELETE	4.1 70	TLE		☐ Change ☐ Addition
NAME	MCELLIGOTT, BILL		4. 2 N	AME		
STREET ADDRESS	8445 BOCA GLADES BLVD.		4.3 ST	TREET .	ADDRESS	
CITY - ST - ZIP	BOCA RATON FL		4.4 CI	TY - \$1	T-ZIP	l
TITLE		DELETE	5.1 TI	TLE		Change Addition
NAME			5,2 NJ	AME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CI	ITY - 51	1 - ZIP	
TIBLE		☐ DELETE	6.1 TI	TLE		500002463026 Change Addition
NAME			6.2 NJ	AME		-03/20/3801020002 <b>W</b>
STREET ADDRESS			6.3 ST	REET	ADDRESS	***61.25
CITY-ST-ZIP			6.4 CI	TY - \$1	r-zie	J 17
1- I do heret	by certify that the information supplied in indicated on this applied report of all	with this filing does not qualificated	alify for the	exer	nption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the I am an officer or director of the corporation or the receivenor trustee empowered to execute this report as required by shapter 61/1. Florida Statutes if made under oath; the appears in Block 12 or Block 13 inchanged, or on an attachment with an address.						
appears in Block 12 or Block 13 liyobanged, or on an attacknown with an address.						
	14 k //// www.s.d.s.d.i	A ship should see me s	4 2 6 P May 1	·		71.47.4