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Mar 17 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01328

1. Corporation Name

BOCA GLADES MASTER ASSOCIATION, INC.

Principal Place of Business

8489 BOCA GLADES BLVD. E.  
BOCA RATON FL 33434  
US

Mailing Address

8489 BOCA GLADES BLVD. E.  
BOCA RATON FL 33434-4080  
US

3. Date Incorporated or Qualified 02/08/1984 3a. Date of Last Report 02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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4. FEI Number 59-2377004 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIME MGMT. GROUP, INC.  
6300 PARK OF COMMERCE BLVD.  
STE 200  
BOCA RATON FL 33487

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 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 the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD NAME HAFNER, HERB STREET ADDRESS 6470 BOCA GLADES BLVD. CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE VD NAME SIMONCINI, DOTTIE STREET ADDRESS 8713 BOCA GLADES BLVD. CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE SD NAME GOLDENBERG, ED STREET ADDRESS 8889 BOCA GLADES BLVD. CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE TD NAME MCELLIGOTT, BILL STREET ADDRESS 8445 BOCA GLADES BLVD. CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE PD NAME Simoncini, Dottie STREET ADDRESS 8713 Boca Glades Blvd CITY-ST-ZIP BOCA RATON FL ☒ Change ☐ Addition

2.1 TITLE VD NAME HAFNER, HERB STREET ADDRESS 8470 Boca Glades Blvd CITY-ST-ZIP BOCA RATON FL ☒ Change ☐ Addition

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

I do 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

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