2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N03577

Entity Name: LA MIRADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMENT GROUP, INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

New Principal Place of Business:

Current Mailing Address:

C/O PRIME MANAGEMENT GROUP, INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

New Mailing Address:

FEI Number: 59-2680301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWATT, MYRON
C/O PRIME MANAGEMENT GROUP, INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

Name and Address of New Registered Agent:

SCHNER, LARRY E PA
C/O PRIME MANAGEMENT GROUP, INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

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.

SIGNATURE: LARRY E. SCHNER, PA 04/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: KOVES, GABOR
Address: 7776 LAMIRADA DR
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete
Name: HAMMER, ROBERT
Address: 7751 LA MIRADA DR
City-St-Zip: BOCA RATON, FL 33433

Title: VPD ( ) Delete
Name: PHEIFFER, ALLAN
Address: 7710 LA MIRADA DR
City-St-Zip: BOCA RATON, FL 33433

Title: SC ( ) Delete
Name: BROOK, JUDITH
Address: 7891 LA MIRADA DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: KOVES, GABOR
Address: 7776 LAMIRADA DR
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: PFEFFER, ALLAN
Address: 7710 LA MIRADA DR
City-St-Zip: BOCA RATON, FL 33433

Title: SEC (X) Change ( ) Addition
Name: BLOOM, JUDITH
Address: 7891 LA MIRADA DR
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HAMMER P 04/17/2009
Electronic Signature of Signing Officer or Director Date