

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N04298 (8)**

1. Corporation Name

**WITNEY PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O PRIME MANAGEMENT GROUP INC <del>1051 S ROGERS CIR</del> BOCA RATON FL 33487 US</b>	Mailing Address <b>C/O PRIME MANAGEMENT GROUP INC <del>1051 S ROGERS CIR</del> BOCA RATON FL 33487 US</b>
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3. Date Incorporated or Qualified <b>07/20/1984</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>59-2481721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290</b>	2a. Mailing Address <b>PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290</b>
21. Suite #, etc.	22. City & State
23. Zip	24. Country

9. Name and Address of Current Registered Agent <b>SWATT, MYRON I. C/O PRIME MANAGEMENT GROUP INC <del>1051 S ROGERS CIR</del> BOCA RATON FL 33487</b>	10. Name and Address of New Registered Agent <b>PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290</b>
81. Name	82. Street Address (P.O. Box Number, Not Acceptable)
83. City	84. 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, HANK	1.2 NAME	Sara Alperin
STREET ADDRESS	15492 LAKES OF DELRAY BLVD.	1.3 STREET ADDRESS	15496 Lakes of Delray Blvd #102
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach Fl
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHLER, EMILY	2.2 NAME	Hank Blum
STREET ADDRESS	15500 LAKES OF DELRAY, B5/102	2.3 STREET ADDRESS	15492 Lakes of Delray Blvd #101
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach Fl
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERIN, SARA	3.2 NAME	John Carlino
STREET ADDRESS	15496 LAKES OF DELRAY BLVD.	3.3 STREET ADDRESS	15496 Lakes of Delray Blvd #203
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach Fl
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLINO, JOHN	4.2 NAME	Maxwell Kravitz
STREET ADDRESS	15496 LAKES OF DELRAY A1/203	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Delray Beach Fl 33484
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLSON, KAY	5.2 NAME	Kate Smelson
STREET ADDRESS	15496 LAKES OF DELRAY, A1/105	5.3 STREET ADDRESS	15496 Lakes of Delray Blvd #103
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Delray Beach Fl 33484
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMELSON, KATE	6.2 NAME	Bess Fox
STREET ADDRESS	15492 LAKES OF DELRAY, A1/103	6.3 STREET ADDRESS	15500 Lakes of Delray Blvd # 20
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara Alperin DATE: 3/14/96

CR2E037 (12/95)