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

NGNPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD

N04298

(8)

C/O PRIME MANAGEMENT GROUP INC

6300 PARK OF COMMERCE BLVD

Mailing Address

WITNEY PROPERTY OWNERS ASSOCIATION, INC.

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				<b>                                    </b>	
3.	Date Incorporated or Qualified 07/20/1984	3a. Da	e of Las )3/21/	st Report 1996	
4.	FEI Number 59-2481721	.1		Applied For Not Applicable	
5.	Certificate of Status Desired		<b>—</b> —	5 Additional Required	
6.	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
8.	This corporation has liability for in Florida Statutes	ntangible Yes	lex unde	er s. 199.032,	
0.	Name and Address of New Rec	istered A	gent		
(F	O. Box Number is Not Acceptable	le)	***		
		FL	85 2	Zip Code	
tio s b	n submits this statement for the pu loard of directors. I hereby accep	urpose of t the appo	changir sintment	ng its registered as registered	
	reinstating)	DATE			
	ADDITIONS/CHANGES TO OFFIC	ERS AND	-	.,	8
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FILED

Mar 20 1997 8:00am

Secretary of State

BOCA RATON FL 33487-8229 BOCA RATON FL 33487-3290 2. Principal Place of Business 2a. Mailing Address 26 21 Suite, Apt. #, etc. Suite, Apt #, etc. 22 27 City & State City & State 23 28 Zin Country Zip Country 30 24 25 29 9. Name and Address of Current Registered Agent 81 SWATT, MYRON I. 82 Street Address C/O PRIME MANAGEMENT GROUP INC 83 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487** 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE 11\_19 NAME **BLUM, HANK** 1.2 NAME 15492 LAKES OF DELRAY BLVD. 15496 LKS STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE FOX, BESS 22 NAME 15500 LAKES OF DELRAY BLVD #207 23 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 2.4 CITY-ST-ZIP CITY-ST-7:F Addition DELETE 3.1 TITLE 1 TLE ALPERIN, SARA 3.2 NAME NAME 15496 LAKES OF DELRAY BLVD. 3.3 STREET ADDRESS STREET ADORESS DELRAY BEACH FL 34. CITY-ST-ZIP CITY-ST-ZIP Addition 1 DELETE 4.1 TITLE TITLE NAME CARLINO, JOHN 4. 2 NAME 15496 LAKES OF DELRAY A1/203 4.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 5 1 TITLE TITLE NAME KRAVITZ, MAXWELL 5.2 NAME BUVD 15496 LAKES OF DELRAY, A1/105 5.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 5.4 CITY-ST-ZIP CITY: ST-ZIP Addition DELETE 6.1 TITLE TITLE SMELSON, KATE NAME 6.2 NAME 15492 LAKES OF DELRAY, A1/103 STREET ADDRESS 6.3 STREET ADDRESS DELRAY BEACH FL 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. To 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 anneal 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Daylime Phone # 0045148