2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N07478

1. Entity Name LA MIRADA AT BOCA POINTE CONDOMINIUM



FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90342 001 ****61.25 04-18-2007 90342 002 *2,323.00

ASSOCIATION NUMBER FOUR INC.									
C/O PRIME MANAGEMENT GROUP, INC. C/C 6300 PARK OF COMMERCE BLVD 630		6300 PARK OF COMI	iling Address O PRIME MANAGEMENT GROUP, INC. 300 PARK OF COMMERCE BLVD DCA RATON, FL 33487-8290 US		66009866				
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Aailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 ,	04112007 (Chg-NP	CR2E037 (1	2/06)	
City & State		City & State			4. FEI Number 59-26803			Ar	oplied For
Zip	Country	Zip	Country		5. Certificate of	·		75 Add Require	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	t Registered Agent	-!		7. Name and Ac	idress of New	Registered Agen		
C. Hallo and Addition of Cartelle Hogister to Agent				Name					
SWATT, MYRON C/O PRIME MANAGEMENT GROUP, INC.			Street	Street Address (P.O. Box Number is Not Acceptable)					
6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487-8290									
			City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	e
8. The above the obligat	named entity submits this statement fions of registered agent.	or the purpose of changing i	ts registered office of	or register	ed agent, or both, i	n the State of F	lorida. I am famili	ar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and litte if applicable (NC	TE, Registered Agent signs	ature required	(when reinstation)		DATE		
			TE, riografia o rigent organ	J.D. C 10401100	(Frist (circulating)				
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		Make check pay ⊪rida Departmer		
10.	OFFICERS AND D	RECTORS	11.	P	ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRECT	ORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERLIN, STANTON 7921 LAMIRADA DR BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP					Change	☐ Addition
	D								
TITLE NAME	WOLFSON, DANIEL	☐ Delete	TITLE NAME				L I	Change	Addition
STREET ADDRESS	7923 LA AUROA DRIVE		STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLTON, RON 7913 LA MIRADA DR BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE	2007(10(1011,112 00400	□ Doloto	TITLE	 -				Change	Addition
NAME		☐ Delete	NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		□ n		 -				Chacas	Addition.
NAME		☐ Delete	TITLE NAME				L)	Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby of	certify that the information supplied with	n this filing does not qualify f	or the exemptions of	contained	in Chapter 119, Florage legal effect as	orida Statutes	further certify the	at the in	itormation

indicated of this report of supplemental report is true and accurate and matrix signature shall have the same legal effect as if made under out, that if 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 10 or Block 11 if changed, or on an attachment with an apidress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #