

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11556

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION NUMBER THREE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2680309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWATT, MYRON  
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  
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: D ( ) Delete  
Name: KLAR, DOROTHY  
Address: 7933 LA MIRADA DR.  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: PLESKOW, BARBARA  
Address: 7933 LAMIRADA DR  
City-St-Zip: BOCA RATON, FL 33433

Title: PD ( ) Delete  
Name: TISI, MARY  
Address: 7932 LA MICADA DR  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KLAR, DOROTHY  
Address: 7935 LA MIRADA DR.  
City-St-Zip: BOCA RATON, FL 33433

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

Title: PD (X) Change ( ) Addition  
Name: TISI, MARY  
Address: 7932 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: MARY TISI

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date