

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90264 045 \*\*\*\*61.25

**DOCUMENT # N13411**

1. Entity Name  
LA MIRADA AT BOCA POINTE CONDOMINIUM  
ASSOCIATION NUMBER SIX, INC.



Principal Place of Business  
C/O PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487-8290 US

Mailing Address  
C/O PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487-8290 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-2680315

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON  
C/O PRIME MANAGEMENT GROUP, INC  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487-8290

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ELLIOTT, BETH  
STREET ADDRESS 7847 LA MIRANDA DR  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GREENFIELD, STEPHEN  
STREET ADDRESS 7851 LA MIRADA DR  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BRENNER, MILTON  
STREET ADDRESS 7859 LA MIRADA DR.  
CITY-ST-ZIP BOCA RATON, FL

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS HERBERT WEINER  
CITY-ST-ZIP 7855 LA MIRADA DR  
BOCA RATON FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #