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 # N19390 (6)

1. Corporation Name

LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION NUMBER EIGHT, INC.

Principal Place of Business	Mailing Address
1051 S. ROGERS CIR. BOCA RATON FL 33487 US	1051 S. ROGERS CIR. BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 02/24/1987
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 PRIME MANAGEMENT GROUP, INC.
Suite, Apt. #, etc.
22 6300 PARK OF COMMERCE BLVD.
City & State
23 BOCA RATON, FL 33487-8290
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0103460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWATT, MYRON
C/O PRIME MANAGEMENT GROUP, INC.
1051 S. ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Swatt Myron
82 Street Address (P.O. Box Number is Not Acceptable): PRIME MANAGEMENT GROUP, INC.
83 6300 PARK OF COMMERCE BLVD.
84 City: BOCA RATON, FL 33487-8290 FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OLSTEIN, ALAN H.		1.2 NAME	
STREET ADDRESS	7824 LA MIRADA DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DANDRELLIS, JAMES		2.2 NAME	
STREET ADDRESS	7806 LA MIRADA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, JOSEPH		3.2 NAME	
STREET ADDRESS	7792 LA MIRADA DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	800001765288
STREET ADDRESS			4.3 STREET ADDRESS	-04/01/96--01113--012
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***61.25
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	M.M
STREET ADDRESS			5.3 STREET ADDRESS	3-15-96
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Alan H Olstein 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #