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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19390

1. Corporation Name

LAMIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION NUMBER EIGHT, INC.

Principal Place of Business	Mailing Address
6300 Park of Commerce Blvd. Boca Raton Fl 33487 US	6300 Park of Commerce Blvd. 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	2a. Mailing Address
21 Prime Management Group	26 6300 Park of Commerce
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Blvd
City & State 23 Boca Raton Fl	City & State 28
Zip 24 33487 / Country 25	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	10. Name and Address of New Registered Agent
Swatt, Myron c/o Prime Management Group, Inc. 1051 S. Rogers Circle Boca Raton, Fl 33487	81 Name: Swatt, Myron 82 Street Address (P.O. Box Number is Not Acceptable): 6300 Park of Commerce Blvd 83 84 City: Boca Raton FL 85 Zip Code: 33487

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 DRIVE	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	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	700002201707
STREET ADDRESS		6.3 STREET ADDRESS	-06/04/97--01089--015
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

14. I do 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 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: _____ Date 3/31/97 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR