2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2002 8:00 am Secretary of State **DOCUMENT # N19390** 1. Entity Name 04-24-2002 90293 006 ****61.25 LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION NUMBER EIGHT. INC. Principal Place of Business Mailing Address C/O PRIME MANAGEMENT GROUP, INC. C/O PRIME MANAGEMENT GROUP, INC 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8290 BOCA RATON FL 33487-8290 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0103460 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487** City Zip Code FL 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. ĩ SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change Change TITLE PD ☐ Delete TITLE Caruso Walter 7786 (diMiroda Or CARUSO, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 7786 LAMIRADA DRIVE. CITY-ST-ZIP Boca (Korton CITY-ST-ZIP **BOCA RATON FL 33133** ☐ Change ☐ Addition ☐ Delete TITLE NAME DANDRELLIS, JAMES NAME STREET ADORESS STREET ADDRESS 7806 LA MIRADA DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition TITLE ☐ Change TITLE 😾 Delete Terkel, Marshall 7824 La Mirada Dr NAME KAPLAN, JOSEPH NAME STREET ADDRESS STREET ADDRESS 7792 LA MIRADA DR. BOCA ROTON, FI CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Change Addition Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

361-0536