Zip     Country     Zip     Country     S. Country     Country     S. Country     S. Country     S. Country     <	0 an te
PROPERTY OWNERS ASSOCIATION, INC.         Principal Pace of Business       Mailing Address         PRIME MART GROUP       PRAME MART GROUP         Solo PARK OF COMMERCE BLVD.       BOCA RATION, FL 33487       US         BOCA RATION, FL 33487       US         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         Suite. Apl. #, etc.       Suite. Apl. #, etc.         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         Suite. Apl. #, etc.       Suite. Apl. #, etc.         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         Suite. Apl. #, etc.       Suite. Apl. #, etc.         20       Country       21         20       Country       21         21       Country       5. Certification of Status Desired         15244 LAKES OF DELRAY       Street Address (P.O. Box Number is Not Acceptable)         210       Country       Street Address (P.O. Box Number is Not Acceptable)         211       DELRAY BEACH, FL 33484       (POT Regime Agent unmarker with the businest and printing a registered agent.         310       DELRAY BEACH, FL 33484       (POT Regime Agent unmarker with the obligations afford agent.         311       DELRAY BEACH, FL 33484       (POT Regime Agent unmarker with the obligations afford agent. <td>25</td>	25
PRIME (RAMT GROUP SOO PARK OF COMMERCE ELVD. BOCA RATON, FL 33487       PRIME (RAMT GROUP SOO PARK OF COMMERCE ELVD. BOCA RATON, FL 33487       PRIME (RAMT GROUP SOO PARK OF COMMERCE ELVD. BOCA RATON, FL 33487         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         Chy & State       Chy & State         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         Chy & State       Chy & State         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         Chy & State       Chy & State         2. Principal Place of Business - No P.O. Box #       3. Mailing Address         2. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         2. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         CHALFIN, ELEANOR       Street Address (P.O. Box Number is Not Acceptable)         2. The above named entity stamts this tails tailerent for the purpose of changing its registered agent, or both, in the State of Florida. Lan familar W         2. Marke check payable       . Election Campaign Financing         3. Mate pheck PL PL 2008       9. Election Campaign Financing         1. ADDDITIONS/CHANGES TO OFFICERS AND DIFECTORS	
Suite. Apt. 4, etc.       Suite. Apt. 4, etc.       04022008       Chg-NP       CR2E037 (12/06         City & State       City & State       4. FEI Number 65-0081840       -         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8,75, A 65-0081840         Zip       Country       S. Certificate of Status Desired       \$8,75, A 65-0081840       \$8,75, A 65-0081840         CHALFIN, ELEANOR       Status Country       S. Certificate of Status Desired       \$8,75, A 65-0081840         CHALFIN, ELEANOR       Street Address of New Registered Agent       7. Name and Address of New Registered Agent         CHALFIN, ELEANOR       Street Address (P.O. Box Number is Not Acceptable)       #         15244 LAKES OF DELRAY       #211       DELRAY BEACH, FL 33484       City       FL         Marce       Street Address (P.O. Box Number is Not Acceptable)       #       #       ////////////////////////////////////	III <b>t</b> h <b>b</b> h 1 <b>0 t</b> h
City & State     City & State     A. FEI Number     Stool 1200     Country     Stool 1200     Stool 120	
Zip     Country     Zip     Country     Zip     Country     S. Certificate of Status Desired     \$8.75 a, 76 a, 76 a, 76 a, 78 a, 75 a, 76 a,	
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 A         Fee Requires       6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         CHALFIN, ELEANOR       15244 LAKES OF DELRAY       Name       Street Address (P.O. Box Number is Not Acceptable)         #211       DELRAY BEACH, FL 33484       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v///         Street Address (P.O. Box Number is Not Acceptable)       #// v/// <tr< td=""><td>plied For</td></tr<>	plied For
	ditional
CHALFIN, ELEANOR 15244 LAKES OF DELRAY #211 DELRAY BEACH, FL 33484  City FL Zip Ci City FL Zip City FL Zip Ci City FL Zip City FL Zi	
City       FL       Zip Cr.         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.       FL       Zip Cr.         SIGNATURE       Juman. Lynd of printed agent.       PLCS.       4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	
the obligations of figeistered agent.       4/ **/ 0         SignATURE       SignAture, toped or proved marked ingistered agent and the ingistered agent agent and the ingistered agent agent agent agent and the ingistered agent age	e
Due by May 1, 2008     Trust Fund Contribution.     Added to Fees     Florida Department of       10.     OFFICERS AND DIRECTORS     11.     Added to Fees     Florida Department of       10.     OFFICERS AND DIRECTORS     11.     Added to Fees     Florida Department of       10.     OFFICERS AND DIRECTORS     11.     Added to Fees     Florida Department of       11.     Added to Fees     VPD     International States     Defete     States       11.     Added to Fees     VD     International States     Defete     States       11.     Added to Fees     VD     International States     Defete     States       11.     Added to Fees     VD     International States     Defete     States       11.     Added to Fees     VD     VD     VD     VD       11.     VD     VD     VD     VD     VD     VD       11.     VD     VD     VD     VD     VD     VD </th <th>And accept</th>	And accept
TITLE       VPD       IDelete       UTLE       VPD       IDelete       UTLE       VPD	
NAME     COHEN, IRWIN     NAME       STREET ADDRESS     15456 PEMBRIDGE DRIVE #108     STREET ADDRESS       CITY-ST-ZIP     DELRAY BEACH, FL 33484     CITY-ST-ZIP       TITLE     2V     Street AdDRESS       NAME     SUBOTKY, LILA     ITLE       NAME     SUBOTKY, LILA     ITLE       NAME     SUBOTKY, LILA     ITLE       NAME     STREET ADDRESS     15461 PEMBROKE DR #H114       CITY-ST-ZIP     DELRAY BEACH, FL 33484     CITY-ST-ZIP       TITLE     P     IDelete     ITLE       NAME     CITY-ST-ZIP     DELRAY BEACH, FL 33484     CITY-ST-ZIP       TITLE     P     IDelete     ITLE       NAME     CITY-ST-ZIP     DELRAY BEACH, FL 33484     CITY-ST-ZIP       TITLE     P     IDelete     ITLE       NAME     STREET ADDRESS     STREET ADDRESS     CITY-ST-ZIP       TITLE     T     IDelete     TITLE       NAME     SGOLDMAN, BUNNIE     ITLE     ITLE       STREET ADDRESS     ISTREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     DELRAY BEACH, FL 33484     CITY-ST-ZIP       TITLE     T     IDelete     TITLE       NAME     SIREET ADDRESS     STREET ADDRESS     CITY-ST-ZIP       TITLE     T	1 10 Addition
NAME     SUBOTKY, LILA     NAME       STREET ADDRESS     15461 PEMBROKE DR #H114     STREET ADDRESS       DELRAY BEACH, FL 33484     CITY-ST-ZIP       TITLE     P     □ Delete       NAME     CHALFIN, ELEANOR     ITTLE       STREET ADDRESS     15244 L.O.D DR. #211 WAF     STREET ADDRESS       CITY-ST-ZIP     DELRAY BEACH, FL 33484     CITY-ST-ZIP       TITLE     T     □ Delete       TITLE     T     □ Delete       TITLE     T     □ Delete       STREET ADDRESS     GOLDMAN, BUNNIE     NAME       STREET ADDRESS     15461 PEMBROKE DR #H209     STREET ADDRESS       CITY-ST-ZIP     DELRAY BCH, FL 33484     CITY-ST-ZIP       TITLE     S     □ Delete       TITLE     S     □ Delete	> 1 -4
NAME CHALFIN, ELEANOR NAME STREET ADDRESS 15244 L.O.D DR. #211 WAF CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE T Delete TITLE GOLDMAN, BUNNIE STREET ADDRESS 15461 PEMBROKE DR #H209 CITY-ST-ZIP DELRAY BCH, FL 33484 CITY-ST-ZIP TITLE S Delete TITLE CITY-ST-ZIP CI	Addition
TITLE     T     Delete     TiTLE     Change       NAME     GOLDMAN, BUNNIE     NAME     STREET ADDRESS     Change       STREET ADDRESS     15461 PEMBROKE DR #H209     STREET ADDRESS     Citry-st-zip       DELRAY BCH, FL 33484     Citry-st-zip     Change       TITLE     S     Delete     TiTLE	· Addition
TITLE S Change	Addition
NAME 1/ SCHACHT, MILTON NAME STREET ADDRESS 15456 PEMBROKE DR #G113 STREET ADDRESS CITY-ST-ZIP DELRAY BCH, FL 33484 CITY-ST-ZIP	Addition
TITLE     IDelete     TITLE     Change       NAME     NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP	Addition
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 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 offic 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 changed, or on an attachment with an address, with all other like empowered.	