

NOTE: FILING FEE IS \$61.25

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # N28673 (4)
1. Corporation Name
IMPRESSIONS AT BOCA CHASE HOMEOWNERS ASSOCIATION

Principal Place of Business Mailing Address
IMPRESSION AT BOCA CHASE HOA
C/O PRIME MANAGEMENT
6300 S PARK OF COMMERCE BLVD.



2. Principal Place of Business 2a. Mailing Address
21 PRIME MANAGEMENT 26 PRIME MANAGEMENT
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 6300 S. PRK OF COMM 27 6300 S. PRK OF COMM
City & State City & State
23 Boca Raton, Fl 33487 28 33487
Zip Country Zip Country
24 33487 25 USA 29 33487 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
10/03/1988 05/01/1995
4. FEI Number Applied For
65-0152323 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
DON CAMPBELL
21270 MILLBROOK CT.
BOCA RATON, FL 33498

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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: *Donald L. Campbell* NOTE: Registered Agent signature required when re-registering DATE: 4-24-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	ROSS, NANCY	1.2 NAME	DON CAMPBELL
STREET ADDRESS	11109 LAKEAIRE CIR.	1.3 STREET ADDRESS	21270 MILLBROOK CT.
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	YOUNG, SHERYL	2.2 NAME	ANGELO BURLON
STREET ADDRESS	11419 CORAL BAY DR.	2.3 STREET ADDRESS	21451 SAWMILL CT.
CITY-ST-ZIP	BOCA RATON FL 33498	2.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	PROVENZANO, ELAINE	3.2 NAME	LYNN LOVEJOY
STREET ADDRESS	21270 SAWMILL CT	3.3 STREET ADDRESS	21371 SAWMILL CT.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	CHEROF, JEAN	4.2 NAME	NORMAN LASCHERER
STREET ADDRESS	21370 SAWMILL CT	4.3 STREET ADDRESS	21310 MILLBROOK CT
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	LASCHEVER, NORMAN	5.2 NAME	NANCY ROSS
STREET ADDRESS	21310 MILLBROOK CT	5.3 STREET ADDRESS	11109 LAKEAIRE CIRCLE
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900002180659
NAME		6.2 NAME	-05/16/97--01005--015
STREET ADDRESS		6.3 STREET ADDRESS	***\$61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 the address.

SIGNATURE: *Donald L. Campbell* SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4-24-97 (561) 995 4107