


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N28673 (4)
1. Corporation Name
IMPRESSIONS AT BOCA CHASE HOMEOWNERS ASSOCIATION 9B, INC.



Principal Place of Business PRIME MANAGEMENT 6300 S. PRK OF COMM BOCA RATON FL 33487	Mailing Address PRIME MANAGEMENT 6300 S. PRK OF COMM BOCA RATON FL 33487
--	--

3. Date Incorporated or Qualified 10/03/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0152323	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CAMPBELL, DON
21270 MILLBROOK CT.
BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DON	1.2 NAME	
STREET ADDRESS	21270 MILLBROOK CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLON, ANGELO	2.2 NAME	
STREET ADDRESS	21451 SAWMILL CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVEJOY, LYNN	3.2 NAME	
STREET ADDRESS	21371 SAWMILL CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASCHERER, NORMAN	4.2 NAME	Annie Weisner
STREET ADDRESS	21310 MILLBROOK CT	4.3 STREET ADDRESS	21270 Millbrook Ct
CITY-ST-ZIP	BOCA RATON FL 33498	4.4 CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, NANCY	5.2 NAME	
STREET ADDRESS	11109 LAKEAIRE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **REQUIRED** **1-29-98 561-278-4148**

CR2E037 (10/97)