

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90039 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28673**

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/03/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0152323
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	<b>\$8.75</b> Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing <input type="checkbox"/>
24	29	Trust Fund Contribution <b>\$5.00</b> May Be Added to Fees
25	30	

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 **KEITH SACHUK c/o PRIME MANAGEMENT GROUP INC**

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 Keith Sachuk **PRIME MANAGEMENT GROUP INC** 4-13-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DON	
STREET ADDRESS	21270 MILLBROOK CT.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURLON, ANGELO	
STREET ADDRESS	21451 SAWMILL CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LOVEJOY, LYNN	
STREET ADDRESS	21371 SAWMILL CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISNER, ANN	
STREET ADDRESS	21270 MILLBROOK CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Gladys Libertella</b>
5.3 STREET ADDRESS	<b>11390 Coral Bay Dr.</b>
5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33498</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Donald Campbell **Donald Campbell** 4-13-99 561-989-5026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037\_ (11/98)