

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90967 050 \*\*\*\*61.25

DOCUMENT # N 28673  
 1. Entity Name  
**IMPRESSIONS at BOCA CHASE** ✓  
**HOMEOWNER'S ASSOC**

Principal Place of Business Mailing Address  
**PRIME MANAGEMENT** **6300 Park of Comm. Blvd**  
**300 Park of Comm Blvd** **Boca Raton FL**  
**Boca Raton FL 33487** **33487**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

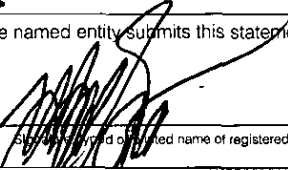
4. FEI Number **05-0152323** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SACHUN, NEITH** Myron Swatt  
**6300 Park of Commerce Blvd**  
**Boca Raton FL 33487**

7. Name and Address of New Registered Agent  
 Name **MYRON SWATT**  
 Street Address (P.O. Box Number is Not Acceptable) **6300 Park of Commerce Blvd**  
 City **Boca Raton** **1** **FL** Zip Code **33487**

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.

SIGNATURE  DATE **4/28/00**  
 (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CAMPBELL, DON</b> <input type="checkbox"/> Delete <b>21270 MILLBROOK CT</b> <b>BOCA RATON FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BURLON, ANGELO</b> <input type="checkbox"/> Delete <b>21451 SAWMILL CT</b> <b>BOCA RATON FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST LOVEJOY, LYNN</b> <input checked="" type="checkbox"/> Delete <b>21371 SAWMILL CT</b> <b>BOCA RATON, FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEISNER, ANN</b> <input type="checkbox"/> Delete <b>21270 MILLBROOK CT</b> <b>BOCA RATON FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIBERTEVA, GLADIS</b> <input checked="" type="checkbox"/> Delete <b>11340 CORAL BAY DR</b> <b>BOCA RATON FL 33498</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GEORGE NORTON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>21380 MILLBROOK CT</b> <b>BOCA RATON FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ED FOX</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11389 CORAL BAY DR</b> <b>BOCA RATON FL 33498</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: **Donald L Campbell, President** Date **4-28-00** Daytime Phone # **561-338-0404**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)