

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **715537** (7)
1. Corporation Name
BOCA TEECA CONDOMINIUM NO. 1, INC.

Principal Place of Business Mailing Address
5701 NW 2ND AVE. 5701 NW 2ND AVE.
501 N.W. 1ND AVE. 306 33487-3843 501 N.W. 1ND AVE. 306 33487-3843

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1968** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1280855** Applied For 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BLOMQUIST, ELIZABETH
5801 NW 2ND AVE
P.O. BOX 9057
BOCA RATON FL 33487

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERUBE, MAURILE	1.2 NAME	
STREET ADDRESS	5701 NW 2ND AVE., SUITE 206	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUMP, DANIEL	2.2 NAME	
STREET ADDRESS	301 CRAWFORD BLVD., SUITE 201	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALMARINI, ANTHONY	3.2 NAME	
STREET ADDRESS	8TH STREET, BOX 7	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURG PA	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCERNO, TONY	4.2 NAME	
STREET ADDRESS	1409 N. 32ND AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELROSE PARK IL	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, JACKLIN	5.2 NAME	
STREET ADDRESS	5801 N.W. 2ND AVENUE, #225	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SDT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHERT, BARBARA	6.2 NAME	
STREET ADDRESS	5701 N.W. 2ND AVENUE, #309	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maurile Berube *MB* 4/10/95 998 9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTON PERCIE #