

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **715537** (7)

1. Corporation Name  
**BOCA TEECA CONDOMINIUM NO. 1, INC.**



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

3. Date Incorporated or Qualified: 11/08/1968  
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1280855  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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  
~~BLOMQUIST, ELIZABETH  
5601 NW 2ND AVE  
P.O. BOX 9057  
BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent  
81 Name: MAURILE BERUBE  
82 Street Address: 5701 NW 2ND AVE  
83 BOCA RATON FL 33487  
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: *Maurile Berube*  
Signature, typed or printed name of registered agent, and time if applicable

5/10/96  
Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERUBE, MAURILE	
STREET ADDRESS	5701 NW 2ND AVE., SUITE 206	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STUMP, DANIEL	
STREET ADDRESS	301 CRAWFORD BLVD., SUITE 201	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALMARINI, ANTHONY	
STREET ADDRESS	9TH STREET, BOX 7	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUCERINO, TONY	
STREET ADDRESS	1409 N. 32ND AVE.	
CITY-ST-ZIP	MELROSE PARK IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANCIS, JACKIN	
STREET ADDRESS	5601 N.W. 2ND AVENUE, #225	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	BUCHERT, BARBARA	
STREET ADDRESS	5701 N.W. 2ND AVENUE, #309	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD SASSANO
2.3 STREET ADDRESS	5701 NW 2ND AVE
2.4 CITY-ST-ZIP	BOCA RATON FL # 209
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NORMAN MCPHAIL
5.3 STREET ADDRESS	5701 NW 2ND AVE
5.4 CITY-ST-ZIP	BOCA RATON FL # 113
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900001834089
6.3 STREET ADDRESS	-05/22/96--01024--039
6.4 CITY-ST-ZIP	***61.25

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 an address.

SIGNATURE: *Maurile Berube* 4/22/96 998-8371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)