

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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|--|--|
| Principal Place of Business 5701 NW 2ND AVE. BOCA RATON FL 33487 | Mailing Address 5701 NW 2ND AVE. BOCA RATON FL 33487 |
|--|--|

3. Date Incorporated or Qualified
11/08/1968

| | | |
|------------------------------------|---|--|
| 4. FEI Number 59-1280855 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**BERUBE, MAURILE
5701 NW 2ND AVE.
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 |
| 85 Zip Code |

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* *Pres* **2/5/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERUBE, MAURILE | 1.2 NAME | |
| STREET ADDRESS | 5701 NW 2ND AVE., STE 206 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SASSONO, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 5701 NW 2ND AVE., #209 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALMARINI, ANTHONY | 3.2 NAME | |
| STREET ADDRESS | 9TH STREET, BOX 7 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURG PA | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUCERINO, 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 | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCPHAIL, NORMAN | 5.2 NAME | |
| STREET ADDRESS | 5701 NW 2ND AVE., #113 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | 5.4 CITY-ST-ZIP | |
| TITLE | SDT <input type="checkbox"/> DELETE | 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 | |

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: *Maurile Berube* *Pres* **2/5/98**

CR2E037 (10/97)