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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715537

1. Corporation Name

BOCA TEECA CONDOMINIUM NO. 1, INC.

Principal Place of Business

5701 NW 2ND AVE.
BOCA RATON FL 33487

Mailing Address

5701 NW 2ND AVE.
BOCA RATON FL 33487



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/08/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1280855

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERUBE, MAURILE
5701 NW 2ND AVE.
BOCA RATON FL 33487

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 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.

Maurile Berube

1/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME BERUBE, MAURILE
STREET ADDRESS 5701 NW 2ND AVE., STE 206
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME SASSONO, RICHARD
STREET ADDRESS 5701 NW 2ND AVE., #209
CITY-ST-ZIP BOCA RATON FL 33487

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME GALMARINI, ANTHONY
STREET ADDRESS 9TH STREET, BOX 7
CITY-ST-ZIP PITTSBURG PA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME MUCERINO, TONY
STREET ADDRESS 1409 N. 32ND AVE.
CITY-ST-ZIP MELROSE PARK IL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME MCPHAIL, NORMAN
STREET ADDRESS 5701 NW 2ND AVE., #113
CITY-ST-ZIP BOCA RATON FL 33487

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SDT DELETE
NAME BUCHERT, BARBARA
STREET ADDRESS 5701 N.W. 2ND AVENUE, #309
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE Change 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 *Maurile Berube*

1/12/99

954-255-6880

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)