

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90224 027 ****61.25

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06302005 Chg-NP CR2E037 (10/03)

DOCUMENT # 715537					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1280855	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERUBE, MAURILE 5701 NW 2ND AVE. BOCA RATON, FL 33487			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERUBE, MAURILE		NAME		
STREET ADDRESS	5701 NW 2ND AVE., STE 206		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERUBE, ROGER		NAME		
STREET ADDRESS	5701 NW 2ND AVE #210		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALMARINI, ANTHONY		NAME		
STREET ADDRESS	9TH STREET, BOX 7		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG, PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUCERINO, TONY		NAME		
STREET ADDRESS	1409 N. 32ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	MELROSE PARK, IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCPHAIL, NORMAN		NAME		
STREET ADDRESS	5701 NW 2ND AVE., #113		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	SDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCHERT, BARBARA		NAME		
STREET ADDRESS	5701 N.W. 2ND AVENUE, #309		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
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: <i>Maurile Berube</i>		Date: <i>6/30/05</i>		Daytime Phone #: <i>561-998-8371</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					