


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90070 022 \*\*\*\*61.25

**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**

**90004229**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1280855** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BERUBE, MAURILE</b>	
STREET ADDRESS	<b>5701 NW 2ND AVE., STE 206</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BERUBE, ROGER</b>	
STREET ADDRESS	<b>5701 NW 2ND AVE #210</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GALMARINI, ANTHONY</b>	
STREET ADDRESS	<b>9TH STREET, BOX 7</b>	
CITY-ST-ZIP	<b>PITTSBURG PA</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MUCERINO, TONY</b>	
STREET ADDRESS	<b>1409 N. 32ND AVE.</b>	
CITY-ST-ZIP	<b>MELROSE PARK IL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MCPHAIL, NORMAN</b>	
STREET ADDRESS	<b>5701 NW 2ND AVE., #113</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	<b>BUCHERT, BARBARA</b>	
STREET ADDRESS	<b>5701 N.W. 2ND AVENUE, #309</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)