

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721677

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: BOCA TEECA CONDOMINIUM NO. 4, INC.

**Current Principal Place of Business:**

778 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 97-0069  
BOCA RATON, FL 334970069

**New Mailing Address:**

FEI Number: 59-1406299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALOMBI, GARY  
778 SO. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TACCONI, ALBERT  
Address: 6161 N.W. 2ND AVE #217  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: ROSENBAUM, ROBERTA  
Address: 6161 NW 2ND AVE # PHN  
City-St-Zip: BOCA RATON, FL 33487

Title: TD ( ) Delete  
Name: MARTIN, JOYCE  
Address: 6161 NW 2ND AVE #PHN  
City-St-Zip: BOCA RATON, FL 33487

Title: SD ( ) Delete  
Name: MADELINE, CUEVAS  
Address: 6161 NW 2ND AVE #621  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: SCHNUER, SHIRLEY  
Address: 6161 NW 2ND AVE #523  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEFEBVRE, MIKE  
Address: 6161 N.W. 2ND AVE #122  
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change ( ) Addition  
Name: TILSON, RUTH  
Address: 5961 NW 2ND AVE # 303  
City-St-Zip: BOCA RATON, FL 33487

Title: T (X) Change ( ) Addition  
Name: MARTIN, JOYCE  
Address: 6161 NW 2ND AVE #PHN  
City-St-Zip: BOCA RATON, FL 33487

Title: S (X) Change ( ) Addition  
Name: TOMASKO, DEBBIE  
Address: 6161 NW 2ND AVE #324  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY PALOMBI

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date