

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 728492

(0)

95 JUN 13 AM 10:15

1. Corporation Name

BOCA TEECA CONDOMINIUM NO. 6, INC.

Principal Place of Business

Mailing Address

6699 N.W. 2ND AVENUE
BOCA RATON FL 33487

6699 N.W. 2ND AVENUE
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1973

03/16/1994

4. FEI Number

Applied For

59-1473556

Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLWELL, H W
6699 NW 2 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

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: P
NAME: ALLWELL, H W
STREET ADDRESS: 6699 NW 2ND AVE #111
CITY-ST-ZIP: BOCA RATON, FL 00000

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

TITLE: VP
NAME: SAIDE, LESTER
STREET ADDRESS: NW 67TH ST #123
CITY-ST-ZIP: BOCA RATON, FL 00000

21 TITLE: Change Addition
22 NAME: V.P. J. JANDOWITZ
23 STREET ADDRESS: 6699 N.W. 2ND AV #116
24 CITY-ST-ZIP: BOCA RATON FL 33487

TITLE: S
NAME: REDMOND, PATRICIA
STREET ADDRESS: 6699 NW 67TH ST #113
CITY-ST-ZIP: BOCA RATON, FL 00000

31 TITLE:
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

TITLE: T
NAME: WEISS, PAUL
STREET ADDRESS: 6699 NW 2ND AVE
CITY-ST-ZIP: BOCA RATON, FL 00000

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

TITLE: D
NAME: CHODASH, BENJAMIN
STREET ADDRESS: 6601 NW 2ND AVE #407
CITY-ST-ZIP: BOCA RATON, FL 00000

51 TITLE: Change Addition
52 NAME: D JOSHUA TOBIN
53 STREET ADDRESS: 6661 N.W. 2ND AV P.H.A
54 CITY-ST-ZIP: BOCA RATON FL 33487

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Date)