

2-10-91 B-2099 C  
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 Feb 18 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 728492 (0)  
 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 33487-3083

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 12/27/1973 3a. Date of Last Report 02/14/1996  
 4. FEI Number 59-1473556 Applied For 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
 ALLWELL, H.W.  
 6699 NW 2 AVE  
 BOCA RATON FL 33487

10. Name and Address of New Registered Agent  
 81 Name G.R. STARR  
 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 G.R. STARR, MANAGER DATE 2/18/97  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ALLWELL, H W	
STREET ADDRESS	6699 NW 2ND AVE #111	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JANOWITZ, JULIAN	
STREET ADDRESS	6699 NW 2ND AVE 116	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REDMOND, PATRICIA	
STREET ADDRESS	6699 NW 67TH ST #113	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEISS, PAUL	
STREET ADDRESS	6699 NW 2ND AVE	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOBIN, JOSHUA	
STREET ADDRESS	6661 NW 2ND PHA	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GORTRUDE KRANSE	
1.3 STREET ADDRESS	210 N.W. 68 ST.	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MYRA SIMMONS	
3.3 STREET ADDRESS	6661 N.W. 2ND AVE	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 upon an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2/18/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* 561 994-0257

CR2E037 (9/96)