

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 728492 (0)**  
 1. Corporation Name  
**BOCA TEECA CONDOMINIUM NO. 6, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>6699 N.W. 2ND AVENUE<br/>BOCA RATON FL 33487</b> | Mailing Address<br><b>6699 N.W. 2ND AVENUE<br/>BOCA RATON FL 33487</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/27/1973</b>  |  |
| 4. FEI Number<br><b>59-1473556</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 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             |
| 24                             | 25                     |
| 29                             | 30                     |

**9. Name and Address of Current Registered Agent**

**STARR, G.R  
6699 NW 2 AVE  
BOCA RATON FL 33487**

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KRAUSE, GERTRUDE</b>             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>250 NW 87 ST</b>                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON, FL 00000</b>         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JANOWITZ, JULIAN</b>             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>6699 NW 2ND AVE 116</b>          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON, FL 00000</b>         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SIMMONS, MYRA</b>                | 3.2 NAME  |   |
| STREET ADDRESS             | <b>6661 NW 2ND AVE</b>              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON, FL 00000</b>         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEISS, PAUL</b>                  | 4.2 NAME  |   |
| STREET ADDRESS             | <b>6699 NW 2ND AVE</b>              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON, FL 00000</b>         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TOBIN, JOSHUA</b>                | 5.2 NAME  |   |
| STREET ADDRESS             | <b>6661 NW 2ND PHA</b>              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON, FL 00000</b>         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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 as an attachment with an address.

SIGNATURE: *Gertrude Krause* 2/4/98 561 984-0217

CP2E037 (10/97)