


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91018 047 ****70.00

DOCUMENT # 728492
 1. Entity Name
BOCA TEECA CONDOMINIUM NO. 6, INC.



Principal Place of Business Mailing Address
 6699 N.W. 2ND AVENUE 6699 N.W. 2ND AVENUE
 BOCA RATON FL 33487 BOCA RATON FL 33487

01001001



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address *40 GLEN MANAGEMENT*
 Suite, Apt. #, etc. *301 W. CAMINO GARDENS BLVD*
SUITE 200
 City & State *BOCA RATON FL*
 Zip Country Zip Country
33432

4. FEI Number **59-1473556** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SOTO, JOSIE E
 6699 NW 2 AVE
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent
 Name **ANDREW C. GLEN**
 Street Address (P.O. Box Number is Not Acceptable)
301 W. CAMINO GARDENS BLVD
SUITE 200
 City **BOCA RATON FL** Zip Code **33432**

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]* **ANDREW C GLEN** DATE **4-26-04**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JANOWITZ, JULIUS 6699 NW 2ND AVE BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRUCE, GERALD 250 NW 67 ST BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEIN, SAUL 250 NW 67TH ST BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD REDMOND, PATRICIA 6699 NW 2ND AVE BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSIDY, ROBERT 250 NW 2ND AVE BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOBIN, JOSHUA 6661 NW 2ND AVE BOCA RATON FL 33431	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert T. Cassidy* **Robert T. Cassidy** DATE: **4/13/04** DAYTIME PHONE #: **561 994-3705**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

Boca Teeca Condominium No. 6, Inc.

Additional Director

D
Flatley, John
6661 NW 2nd Ave
Boca Raton, FL 33487

728462