


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 735716		
1. Entity Name BOCA TEECA CONDOMINIUM NO. 8, INC.		

08 JUL 18 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05152008 Chg-NP CR2E037 (12/06)

Principal Place of Business C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33407 US	Mailing Address C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US
---	---

2. Principal Place of Business - No P.O. Box # <u>11784 W. Sample Rd</u> Suite, Apt. #, etc. <u>#103</u>	3. Mailing Address <u>11784 W. Sample Rd</u> Suite, Apt. #, etc. <u>#103</u>
--	--

City & State <u>Coral Springs</u>	City & State <u>Coral Springs, FL</u>
Zip <u>33065</u>	Zip <u>33065</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number 59-1689831	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent <u>DALTON, JOHN B</u> <u>6200 NW 2ND AVE</u> <u>#219</u> <u>BOCA RATON, FL 33407</u>	
--	--

7. Name and Address of New Registered Agent Name <u>United Community Mgt Corp.</u> Street Address (P.O. Box Number is Not Acceptable) <u>11784 W. Sample Rd #103</u> City <u>CORAL SPRINGS FL</u> Zip Code <u>33065</u>	
---	--

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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>7/7/08</u> (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
-----------------------	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLITMAN, JOAN 6200 NW 2ND AVENUE, SUITE #420 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>300133396323</u> <u>07/24/08--01032--007</u> <u>**\$1.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, SALLIE 6200 N.W. 2ND AVE #120 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODE, AMY 6100 N.W. 2ND AVE. #427 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEWALD, CECILE 6300 NW 2ND AVE #302 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>VPD</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURATORE, JOHN 6200 NW 2ND AVE #417 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>D</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALTON, JOHN B 6200 NW 2ND AVE #219 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>SALLIE FRIEDMAN Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>7/8/08</u> Daytime Phone # <u>561-997-7043</u>