FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

744241 DOCUMENT #
1. Corporation Name

(1)

TEECA	WOODS	HOMEOWNERS	MOLTATOOPS	INC
IEEUN	110003	DOMEONNINEDS	MOOUGH HUN.	ING.

Principal Place of Business Mailing Address				EFOL WEOLI DIBIL BANKE DIDEL NIDES NIBEL 14001			
5141 NW 3RD TERRACE BOCA RATON FL 33487		5290 NW 3RD TERR BOCA RATON FL 33487-4307 US					
				 Date Incorporated or Qualified 09/12/1978 	3a. Date of Last Report 09/22/1995		
	ace of Business	2a. Mailing Address		4. FEI Number 59-2204289	Applied For		
21	h _1_	26		59-2204269	Not Applicable		
Suite, Apt. :		Suite, Apt. #, etc.	•••	5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	·	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
	Country	Zip	Country	8. This corporation has liability for in			
24	25		30		Yes No		
	9. Name and Address of Current	Hegistered Agent	B1 Name	10. Name and Address of New Re	gistered Agent		
CLLA CL	ACCARAN		81 Name	Ella-XIII	siman		
ELLA GLASSMAN			82 Street	Aridress (P.O. Box Number is Not Acceptable			
5290 N.W. 3 TERR BOCA RATON FL 33487			B3 -	70 N. W 5	reme -		
DOCK N	410H FL 3340/			oca Cata	n		
			84 City	, ,	FL 85 Zip Code/87		
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 6)7.0503, Florida Statutes							
SIGNATURE	Ella M	lassm	an		1-16-96		
	Signature, typed or printed name of registered agent as		Registered Agent signature r		DATE		
12.	OFFICERS AND	WALL ALL CO.	13.	ADDITIONS/CHANGES TO OFFICE			
TITLE	· ·	DELETE	1 1 TITLE	hesident	☐ fiange ☐ Addition ☐		
NAME	PONZIANI, JOHN 5741 N.W. 3 TERR.		1 2 NAME	July Wilnes	<u></u>		
STREET ADDRESS	BOCA RATON FL		13 STREET ADDRESS	3650 NW 35	Jensey W		
CITY-ST-ZIP	VD VD	Decemen	14 CITY - ST - ZIP	Byoca Raxan Th	25,48		
THILE	WILNER, JUDY	DELETE	2 1 TITLE	Vige gresiden	☐ Change ☐ Addition ☐		
NAME	5650 NW 3RD TERR		2.2 NAME	John Languere	Cace		
STREET ACCRESS	BOCA RATON FL		23 STREET ADDRESS	3 11/10	1, 33487		
CITY - ST - ZIP TOTLE	TD	DELETE	2 4 CITY-ST-ZIP	SHALATON /1	D0 / 6 /		
NAME	CLASSMAN, ELLA	Detter	3 1 TOTLE	·	Change Addition		
STREET ADDRESS	5290 NW 3RD TERRACE		3 2 NAME		<u> </u>		
CiTY-S1-ZIP	BOCA RATON FL		3.3 STREET ADDRESS				
TITLE	SD	- DELETE	3.4 CITY-S1-ZIP 4.1 TITLE	ler il in mil	Change Addition		
NAME	DEPAMPHILIS, RICHARD		4 2 NAME	momi Takel			
STREET ADDRESS	5800 N.W. 3 TERR		4 3 STREET ADDRESS	5410 NW 3	Estacle !		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY - ST - ZIP	Boca Ratan -	71,33487		
		DELETE	5 1 TITLE	,	☐ Change ☐ Addition		
NAME	Barbara Ver	Marc.	5.2 NAME	'			
STREET ADDRESS	55 40 7 10 35	Lounder	53 STREET ADDRESS				
CHTY+ST-ZIP	BACK KAYAN =	71 3348/	5 4 CHTY - ST - ZIP				
TITLE	,	DELETE	6 1 TITLE		☐ Change ☐ Addition		
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY-ST-ZIP			6 4 CITY - ST - ZIP				
	v certify that the information supplied wi	ith this filing is voluntarily furnish		lify for the exemption stated in Section 119.0	7(3)(k) Florida Statutes I further		

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.

IGNATURE:

| Chapter 617, Florida Statutes | Grand Statutes | Gra

SIGNATURE: