

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90045 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756044					
1. Corporation Name BOCA TEECA CONDOMINIUM NO. 10, INC.					
Principal Place of Business 5240 NW 2ND AVENUE BOCA RATON FL 33487 US			Mailing Address 5240 NW 2ND AVENUE BOCA RATON FL 33487 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/27/1981	
4. FEI Number 59-2261906		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Trust Fund Contribution ☐			

9. Name and Address of Current Registered Agent STEPHEN STEPHENSON J.B. STEELMAN 5240 NW 2 AVE BOCA RATON FL 33487				10. Name and Address of New Registered Agent 81 Name J.B. STEELMAN 82 Street Address (P.O. Box Number is Not Acceptable) 5240 NW 2ND AVE 83 City BOCA RATON FL 84 Zip Code 33487			
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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 617.0504, Florida Statutes.

SIGNATURE **J.B. STEELMAN** *[Signature]* **18 MAR 1999**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE NAME BARBARA EDWARD STREET ADDRESS 6340 NW 2ND AVE #126 CITY-ST-ZIP BOCA RATON FL				1.1 TITLE P ☐ Change ☐ Addition 1.2 NAME HILDA TEITELBAUM 1.3 STREET ADDRESS 5340 NW 12ND AVE #120 1.4 CITY-ST-ZIP BOCA RATON, FL 33487			
TITLE ☐ DELETE NAME S STREET ADDRESS COTOPOLIS, ARTEEMIS CITY-ST-ZIP 5280 NW 2 AVE #714 BOCA RATON FL				2.1 TITLE T ☐ Change ☐ Addition 2.2 NAME RENZI, BOB 2.3 STREET ADDRESS 5280 NW 2ND AVE #312 2.4 CITY-ST-ZIP BOCA RATON, FL 33487			
TITLE ☐ DELETE NAME NICOLOPLOS, ROSE STREET ADDRESS 5280 NW 2ND AVE #113 CITY-ST-ZIP BOCA RATON FL				3.1 TITLE LOAN ☐ Change ☐ Addition 3.2 NAME LOAN 3.3 STREET ADDRESS 5280 NW 2ND AVE #113 3.4 CITY-ST-ZIP BOCA RATON, FL 33487			
TITLE ☐ DELETE NAME PENSTERMAGHER, PAUL STREET ADDRESS 5040 NW 2ND AVE #129 CITY-ST-ZIP BOCA RATON FL				4.1 TITLE V.P. ☐ Change ☐ Addition 4.2 NAME FRIEDMAN, SALLIE 4.3 STREET ADDRESS 5260 NW Second Ave #501 4.4 CITY-ST-ZIP BOCA RATON, FL 33487			
TITLE ☐ DELETE NAME ABBOTT, FRANK STREET ADDRESS 5280 NW 2 AVE #410 CITY-ST-ZIP BOCA RATON FL				5.1 TITLE D ☐ Change ☐ Addition 5.2 NAME RUBIN, MARION 5.3 STREET ADDRESS 5340 NW 2ND AVE #124 5.4 CITY-ST-ZIP BOCA RATON, FL 33487			
TITLE ☐ DELETE NAME Director RELEVAT STREET ADDRESS KREYAR, ARNOLD CITY-ST-ZIP 5260 N.W. 2ND AVE, #307 BOCA RATON FL				6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 561-241-1732
Date Daytime Phone #

CR2E037 (11/98)