


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90326 025 ****61.25

DOCUMENT # 756044			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEITELBAUM, HILDA 5340 N.W. 2ND AVENUE #120 BOCA RATON, FL 33487		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	PRES TEITELBAUM, HILDA 5340 NW 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	SECRETARY DE COURSY, JAMES 5280 NW 2ND AVE #318 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	DAT TURTIL, JOSEPH <input checked="" type="checkbox"/> Delete 5340 NW 2ND AVE #226 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Nicolopoulos, ROSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5280 NW 2ND AVE # 113 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RGUZI, BARBARA <input checked="" type="checkbox"/> Delete 5280 NW 2ND AVE #312 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES ARTHUR ACGANIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5340 NW 2ND AVE #530 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, JEANETTA <input checked="" type="checkbox"/> Delete 5280 NW 2 AVE #416 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TONI VOGT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST TROPAL 17317-6 Boca Club Blvd. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. RODRIGUEZ, RAFAEL <input checked="" type="checkbox"/> Delete 5340 NW 2ND AVE #323 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANTHONY MAGRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5340 NW 2ND AVE BOCA RATON, FL 33487
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: <i>Hilda Teitelbaum</i>		Date: <i>April 15, 2005</i> Daytime Phone #: <i>561-241-732</i>	
<p><i>DIRECTOR</i> <i>MARIAN RUBIN</i> <i>5340 NW 2ND AVE #124</i></p>			