


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90032 015 \*\*\*\*61.25

<b>DOCUMENT # 756044</b>	
1. Entity Name <b>BOCA TEECA CONDOMINIUM NO. 10, INC.</b>	

Principal Place of Business <b>5240 NW 2ND AVENUE BOCA RATON, FL 33487 US</b>	Mailing Address <b>5240 NW 2ND AVENUE BOCA RATON, FL 33487 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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01062006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2261906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TEITELBAUM, HILDA 5340 N.W. 2ND AVENUE #120 BOCA RATON, FL 33487</b>	7. Name and Address of New Registered Agent  Name <b>AGGANIS, ARTHUR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5340 NW 2nd Ave #120</b> City <b>BOCA RATON</b> FL Zip Code <b>33487</b>
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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: Arthur Agganis **ARTHUR AGGANIS** **FEB 8 2006**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEITELBAUM, HILDA 5340 NW 2ND AVE., #120 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AGGANIS, ARTHUR 5340 NW 2nd Ave # 530 BOCA RATON, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE COURSY, JAMES 5280 NW 2ND AVE #318 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY POLY, ARTHUR 5340 NW 2nd Ave # 527 BOCA RATON, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICOLOPULOS, ROSE 5280 NW 2ND AVE, # 113 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	VP AGGANIS, ARTHUR 5340 NW 2ND AVE, # 530 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. LEGGIO, JOSEPH 5280 NW 2nd Ave # 516 BOCA RATON, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGT, TONI ST. TROPAZ 17317-6 BOCA CLUB BLVD BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TEITELBAUM, Hilda 5340 NW 2nd Ave # 120 BOCA RATON, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRI, ANTHONY 5340 NW 2ND AVE BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RODILIGUEZ, RAFAEL 5340 NW 2nd Ave # 323 BOCA RATON, FL 33487 <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: Rose M. Nicolopoulos **Treasurer** **2/8/06** **561-9952490**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROSE M. NICOLOPULOS