

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 049 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2261906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGGANIS, ARTHUR
5340 NW 2ND AVE, # 120
BOCA RATON FL 33487
CK. NO. 16052

DATE

3/10/08

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AGGANIS, ARTHUR	
STREET ADDRESS	5340 NW 2ND AVE, # 530	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POLY, ARTHUR	
STREET ADDRESS	5340 NW 2ND AVE, # 527	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	NICOLOPULOS, ROSE	
STREET ADDRESS	5280 NW 2ND AVE, # 113	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	<input checked="" type="checkbox"/> VP	<input type="checkbox"/> Delete
NAME	DECOURS, JAMES	
STREET ADDRESS	5280 NW 2ND AVE #315	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGRI, ANTHONY	
STREET ADDRESS	5340 NW 2ND AVE #525	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOGT, TONI	
STREET ADDRESS	5260 NW 2ND AVE #515	
CITY-ST-ZIP	BOCA RATON FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN KAMINSKI	
STREET ADDRESS	5340 NW 2ND AVE #522	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA LEQQIO	
STREET ADDRESS	5280 NW 2ND AVE #516	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH FELDMAN	
STREET ADDRESS	5340 NW 2ND AVE #330	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD VOGT	
STREET ADDRESS	5260 NW 2ND AVE #515	
CITY-ST-ZIP	BOCA RATON, FL 33487	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Arthur Agganis **ARTHUR AGGANIS** *March 8, 2008* **561-702-8301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State

County/Parish #