

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90124 039 ****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

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

**TEITELBAUM, HILDA
5340 N.W. 2ND AVENUE #120
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P TEITELBAUM, HILDA - PRESIDENT <input type="checkbox"/> Delete 5340 NW 2ND AVE., #120 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COTOPOLIS, ARTEEMIS 5280 NW 2 AVE #714 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete FRIEDMAN, SALLIE 5280 NW SECOND AVE #501 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUBIN, MARION - DIRECTOR 5340 NW 2ND AVE., #124 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete HALL, JEANETTA VICE PRES 5280 NW 2 AVE #416 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete STILLMAN, HELEN 5340 NW 2ND AVE #130 BOCA RATON FL 33487

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD SCHEJNA - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5340 NW 2 AVE APT 422 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONI VOGT - SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5280 NW 2 AVE APT 515 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAUL FELDMAN - TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5340 NW 2 AVE #530

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:

SIGNATURE REQUIRED

Feb 21, 2003

561

241-1732

CR2E037 (10/02)