FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 745983

BOCA TEECA CONDOMINIUM NO. 9, INC.

Principal Place of Business

Mailing Address

198 NORTHWEST 67TH STREET

198 NORTHWEST 67TH STREET

FILED Apr 14, 1999 8:00 am § Secretary of State

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BOCA RATON	FL 33487	ы	XA HATON FL	33487								
2. Principal P	lace of Business	2a.	Mailing Addre	 \$S	······			3. Date Incorporated	or Qualifed			
21		26						02/19/1979				
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, e	etc.				4. FEI Number FO-1004070			\longrightarrow	Applied For
22		27	-					59-1964872				Not Applicable
City & State	e		City & State				İ	5. Certificate of Statu	s Desired			5 Additional Required
3		28			0							
_ Zip ─	Country	-	Zip		Country	•		6. Election Campaign				May Be ed to Fees
4	25	29	4	30	<u> </u>			Trust Fund Contril Name and Addre		Penistered A		0 10 1965
	9. Name and Address of Current	Regis	terea Agent	_	81	Name		. Maine and Addie	58 OI 110H 1	registered r	- igoni	
											,	
	JEROME J				82	Stree	t Address	(P.O. Box Number is	Not Accepta	able)		
6500 NW					83							
BOCA RA	TON FL 33487				"							
	•				84	City				FL	85 Z	ip Code
44 5	to the provisions of Sections 617.0502	2 and 6	17 1508 Florid	a Statutos	the above	e-name	cornora	tion submits this state	ment for the	purpose of	changing	its registered
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Floric ions of,	da. Such chang Section 617.0	e was autho 503, Florida	orized by Statutes	the cor	poration's	board of directors. I I	nereby accep	ot the appoir	tment as	registered
SIGNATURE					_					DATE		
-10	Signature, typed or printed name of registered agen			(NOTE: Re	gistered Ager	nt signature	required with	nen reinstating) ADDITIONS/CHAN	GES TO DE		D DIREC	TORS IN 12
12.	OFFICERS AN	DDIRE	CTORS DE	ETE	1.1 TITLE			ADDITIONO/OFIAN	020 10 01	TIOETTO ATT	Chang	
TITLE	P			reie								30 <u> </u>
NAME	TESLER, JEROME J				1.2 NAME		-					
STREET ADDRESS	6500 NW 2ND AVE.				1.3 STREE		3		,			
CITY-ST-ZIP	BOCA RATON FL				1.4 CITY-S	T-ZIP	 _				Chang	e Addition
TITLE	VP.		☐ DE	FEIF	2.1 TITLE						Cuan	je 🗀 Addison
NAME	ZALEZNICK, HERMAN				2.2 NAME							
STREET ADDRESS	198 W 67TH ST.				2.3 STREE	TADDRES	3					
CITY-ST-ZIP	BOCA RATON FL		<u> </u>	-	2.4 CITY-5	ST-ZIP						F 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TILE	T		□ DE		3.1 TITLE						Chang	ge 🔲 Addition
NAME	HOSENBLOOM, HERBERT LEG 198 NW 67 ST 65	o Ko	VFFMAN	2.10	3.2 NAME		1					
STREET ADDRESS	19 8 NW 67 ST 65	00 N	rw 240	AVE	3.3 STREE	TADDRES	3					
CITY-ST-ZIP	BOCA RATON-FL BO	CA R	ATON, FI		3.4. CITY-5	ST-ZIP						
TITLE	SEC.		'□ DE	LETE	4.1 TITLE		1				Chan	ge 🔲 Additio
NAME	LISBIN, SARA				4. 2 NAME			•	•			
STREET ADDRESS	198 NW 67TH ST.				4.3 STREE	TADDRES	s}		•		*	
CITY-ST-ZIP	BOCA RATON FL 33487				4.4 CITY-S	IT-ZIP						
TILE	D		☐ DE	LETE	5.1 TITLE		Í				Chan	ge 🔲 Additio
NAME	FRADIN, SHIRLEY				52 NAME		1			•		
STREET ADDRESS	6400 NW 2ND AVE.				5.3 STREE	TADORES	3					
CITY-ST-ZIP	BOCA RATON FL				5.4 CITY-S	T-ZIP	_l				<u> </u>	
TITLE	D		☐ DE	LETE	6.1 TITLE					• ;	Chan	ge 🗌 Additio
NAME	SLY, CHESTER				6.2 NAME		1					
STREET ADDRESS					6.3 STREE	TADDRES	s					
CITY-ST-ZIP	BOCA RATON FL				6.4 CITY-S	T-ZIP	1					

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 changel, or on an attachment with an address, with all other like empowered.

SIGNATURE: