

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728492

Entity Name: BOCA TEECA CONDOMINIUM NO. 6, INC.

Current Principal Place of Business:

C/O GRANT PROPERTY MANAGEMENT
851 BROKEN SOUND PKWY NW SUITE 102
BOCA RATON, FL 33487

Current Mailing Address:

C/O GRANT PROPERTY MANAGEMENT
851 BROKEN SOUND PKWY NW SUITE 102
BOCA RATON, FL 33487 US

FEI Number: 59-1473556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANDOL LAW FIRM, P.A.
2101 CORPORATE BLVD
410
BOCA RATON, FL 33431 US

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.

SIGNATURE: SAMUEL LANDOL

03/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KEELEY, SHERRY
Address C/O GRANT PROPERTY
 MANAGEMENT
 851 BROKEN SOUND PKWY NW
 SUITE 102
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name CZECZKO, KRISTOF
Address C/O GRANT PROPERTY
 MANAGEMENT
 851 BROKEN SOUND PKWY NW
 SUITE 102
City-State-Zip: BOCA RATON FL 33487

Title VP
Name FAZIO, MICHAEL
Address C/O GRANT PROPERTY
 MANAGEMENT
 851 BROKEN SOUND PKWY NW
 SUITE 102
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name UMANSKY, MORRIS
Address C/O GRANT PROPERTY
 MANAGEMENT
 851 BROKEN SOUND PKWY NW
 SUITE 102
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name BERNSTEIN, ABBY
Address C/O GRANT PROPERTY
 MANAGEMENT
 851 BROKEN SOUND PKWY NW
 SUITE 102
City-State-Zip: BOCA RATON FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY KEELEY

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date