

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735716

Entity Name: BOCA TEECA CONDOMINIUM NO. 8, INC.**Current Principal Place of Business:**11784 W. SAMPLE RD.
#103
CORAL SPRINGS, FL 33065**Current Mailing Address:**11784 W. SAMPLE RD.
#103
CORAL SPRINGS, FL 33065 US**FEI Number:** 59-1689831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE RD.
#103
CORAL SPRINGS, FL 33065 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	ALIBRANDI, JULIANNE
Address	11784 W. SAMPLE RD. #103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREASURER
Name	DADDINO, SUSANNE
Address	11784 W. SAMPLE RD. #103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	PRESIDENT
Name	JONES, ROY
Address	11784 W. SAMPLE RD. #103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR BUILDING 6000
Name	BLEFARY, DEBRA
Address	11784 W. SAMPLE RD. #103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR BUILDING 6300
Name	CHAFFEE, HAROLD
Address	11784 W. SAMPLE RD. #103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	CILIBERTI, JAMES
Address	11784 W. SAMPLE RD. #103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	JOAN, POULTON
Address	11784 W. SAMPLE RD. #103
City-State-Zip:	CORAL SPRINGS FL 33065

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: ROY JONES**PRESIDENT****04/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date