

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 735716

Entity Name: BOCA TEECA CONDOMINIUM NO. 8, INC.

Current Principal Place of Business:

C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE 103
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-1689831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHS SAX CAPLAN P.L.
6111 BROKEN SOUND PKWY NW #200
BOCA RATON, FL 33487 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: DANIEL WEBER

07/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MARCHIA, JOSEPH
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title VP
Name MIELKE, LAWRENCE
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title PRESIDENT
Name JONES, ROY
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name DADDINO, SUSANNE
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY
Name ALIBRANDI, JULIANNE
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name ACCIARDO, MELODY
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name FRIEDMAN, SHARI
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR BLDG 6000
Name ACCIARDO, MELODY
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

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07/06/2023

