

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756044

Entity Name: BOCA TEECA CONDOMINIUM NO. 10, INC.**Current Principal Place of Business:**5240 NW 2ND AVENUE
BOCA RATON, FL 33487**Current Mailing Address:**5240 NW 2ND AVENUE
BOCA RATON, FL 33487 US**FEI Number:** 59-2261906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS SAX & CAPLAN
6111 BROKEN SOUND PARKWAY STE#200
BOCA RATON, FL 33482 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	DIRECTOR
Name	STORCH, JOAN
Address	5240 NW 2ND AVENUE
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	POLY, KAY
Address	5240 NW 2ND AVENUE
City-State-Zip:	BOCA RATON FL 33487

Title	PRESIDENT
Name	MILLER, DEBRA
Address	5240 NW 2ND AVENUE
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER
Name	DEMPSEY, BARBARA
Address	5240 NW 2ND AVENUE
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	STALEY, PATRICIA
Address	5240 NW 2ND AVENUE
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	LAYER, ROBERT
Address	5240 NW 2ND AVENUE
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: DEBRA MILLER**PRESIDENT****02/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date