


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 716093 (0)

1. Corporation Name
BOCA TEECA CONDOMINIUM NO. 2, INC.



| | |
|---|---|
| Principal Place of Business 5401/5501 NW 2ND AVE. BOCA RATON FL 33487 | Mailing Address 5401/5501 NW 2ND AVE. BOCA RATON FL 33487 |
|---|---|

3. Date Incorporated or Qualified
02/21/1969

4. FEI Number
59-1281957

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Zip 29 |
| | Country 30 |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MOFFO, DOLORES
5401 NW 2ND AVE #125
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KRUGER, ELEANOR 5401 NW 2ND AVE. #120 BOCA RATON FL | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DM TUNIS, RICHARD 5401 NW 2ND AVE # 226 BOCA RATON, FL 00000 | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MOFFO MICHAEL H 5401 NW 2ND AVE #125 BOCA RATON, FL 00000 | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOFFO DOLORES 5401 NW 2ND AVE #125 BOCA RATON, FL 00000 | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ROLIDER MORRY 5401 NW 2ND AVE #118 BOCA RATON, FL 00000 | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BMD BENNETT KENNETH 5401 NW 2ND AVE #223 BOCA RATON, FL 00000 | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

| | |
|---|---|
| DT SKOURON RICHARD 5401 NW 2ND AVE # 320 BOCA RATON FL 33487 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|---|---|

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 changed, or on an attachment with an address.

SIGNATURE: *Dolores Moffo* 3/11/98 (560)994-9720

CR2E037 (10/97)