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03-09-1999 90003 028 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 716093

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/21/1969

4. FEI Number

59-1281957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SKOWRON, RICHARD	
STREET ADDRESS	5401 NW 2ND AVE SUITE 320	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	TUNIS, RICHARD	
STREET ADDRESS	5401 NW 2ND AVE # 226	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MOFFO MICHAEL H	
STREET ADDRESS	5401 NW 2ND AVE #125	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOFFO DOLORES	
STREET ADDRESS	5401 NW 2ND AVE #125	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROLIDER MORRY	
STREET ADDRESS	5401 NW 2ND AVE #118	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	BMD	<input type="checkbox"/> DELETE
NAME	BENNETT KENNETH	
STREET ADDRESS	5401 NW 2ND AVE #223	
CITY-ST-ZIP	BOCA RATON, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *X Richard A. U...* **REQUIRE** *X 2/15/99* *(561) 995-9756*

CR2E037 (1/198)