


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 716093					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-1281957					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
MOFFO, DOLORES 5401 NW 2ND AVE #125 BOCA RATON, FL 33487					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DIFINI, JOSEPH <input type="checkbox"/> Delete 5501 NW 2ND AVE #307 BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMD DIFINI, MARUE <input type="checkbox"/> Delete 5501 NW 24ND AVE 307 BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS MOFFO MICHAEL H <input type="checkbox"/> Delete 5401 NW 2ND AVE #125 BOCA RATON, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOFFO DOLORES <input type="checkbox"/> Delete 5401 NW 2ND AVE #125 BOCA RATON, FL 00000,				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DIGIVANNI, VINCENT <input type="checkbox"/> Delete 5401 NW 2ND AVE., #217 BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP U000000562307 05/19/06-80051-004 61.25					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X Robert Green CAH</i> <i>X H21/06</i> 861 994 3733					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					