


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 716093
 1. Entity Name
BOCA TEECA CONDOMINIUM NO. 2, INC.



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

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03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-1281957 Not Applicable

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

6. Name and Address of Current Registered Agent
MOFFO, DOLORES
5401 NW 2ND AVE #125
BOCA RATON, FL 33487

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

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIFINI, JOSEPH 5501 NW 2ND AVE #307 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD DIFINI, MARUE 5501 NW 24ND AVE 307 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS MOFFO MICHAEL H 5401 NW 2ND AVE #125 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOFFO DOLORES 5401 NW 2ND AVE #125 BOCA RATON, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIGIVANNI, VINCENT 5401 NW 2ND AVE., #217 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000896133
 04/17/07-80089-001 150.00

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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: *X [Signature]* **X4/04/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #