## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#716093** 

FILED Jan 07, 2008 Secretary of State

Entity Name: BOCA TEECA CONDOMINIUM NO. 2, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5401/5501 NW 2ND AVE. BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 5401/5501 NW 2ND AVE BOCA RATON, FL 33487 FEI Number: 59-1281957 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOFFO, DOLORES 5401 NW 2ND AVE #125 BOCA RATON, FL 33487 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DIFINI, JOSEPH Name: Name: 5501 NW 2ND AVE #307 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: BMD Title: BMD ( ) Delete (X) Change ( ) Addition DIFINI, MARUE Name: DIFINI, MARIE Name: Address: 5501 NW 24ND AVE 307 Address: 5501 NW 24ND AVE 307 City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487 Title: **VPDS** () Delete Title: () Change () Addition MOFFO MICHAEL H, Name: Name: 5401 NW 2ND AVE #125 Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition Name: MOFFO DOLORES. Name: Address: 5401 NW 2ND AVE #125 Address: City-St-Zip: BOCA RATON, FL 00000, City-St-Zip: Title: () Delete Title: () Change () Addition DIGIVANNI, VINCENT Name: Name: 5401 NW 2ND AVE., #217 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOLORES MOFFO PD 01/07/2008