

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716093

FILED  
Mar 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 59-1281957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPPMAN, KAREN  
2801 NORTH UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: MOFFO, DOLORES  
Address: 5401 NW 2 AVE #125  
City-St-Zip: BOCA RATON, FL 33487

Title: VP  
Name: BANEI, GABE  
Address: 5501 NW 2ND AVE 119  
City-St-Zip: BOCA RATON, FL 33487

Title: SEC  
Name: MITTLEMARK, DALE  
Address: 5401 NW 2ND AVE #122  
City-St-Zip: BOCA RATON, FL 33487

Title: T  
Name: DIGIOVANI, VINCENT  
Address: 5401 NW 2ND AVE #217  
City-St-Zip: BOCA RATON, FL 33487

Title: D  
Name: SOSH, SHAR  
Address: 5401 NW 2ND AVE., #321  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: DOLORES MOFFO

P

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date