

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90477 039 ****61.25

0100114

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**

11003312



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1281957** Applied For
 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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT <input type="checkbox"/> Delete
NAME	DIFINI, JOSEPH
STREET ADDRESS	5501 NW 2ND AVE #307
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	DM <input checked="" 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	DS <input checked="" type="checkbox"/> Delete
NAME	SKOWRON, DELPHINE
STREET ADDRESS	5401 NW 2ND AVE #320
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	BMD <input checked="" type="checkbox"/> Delete
NAME	HUNTER, GEORGE
STREET ADDRESS	5401 NW 2ND AVE #316
CITY-ST-ZIP	BOCA RATON FL 33487

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	BMD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE DIFINI
STREET ADDRESS	5501 NW 2ND AVE #307
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS PAUL FORD
STREET ADDRESS	5501 NW 2ND AVE #105
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BMD HAROLD WEINREB
STREET ADDRESS	5501 NW 2ND AVE #304
CITY-ST-ZIP	BOCA RATON FL 33487

12. 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 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: *Richard Tunis* **REQUIRED Richard Tunis CAM 4/15/03 261 9940026**

CR2E037 (10/02)