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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717995

1. Corporation Name

BOCA TEECA CONDOMINIUM NO. 3, INC.

Principal Place of Business

5500 NW 2ND AVENUE, 5TH FLOOR
BOCA RATON FL 33487

Mailing Address

5500 NW 2ND AVENUE, 5TH FLOOR
BOCA RATON FL 33487



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/02/1970

4. FEI Number

59-1313162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LANDAU, GEORGE
5700 N.W. 2ND AVENUE
#312
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME O'DAY, NANCY
STREET ADDRESS 5500 N.W. 2ND AVENUE #323
CITY-ST-ZIP BOCA RATON, FL

☐ DELETE

TITLE DS
NAME BERKO, JEANNE
STREET ADDRESS 5500 NW 2ND AVE
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE D
NAME TREDEAU, DAVID
STREET ADDRESS 5700 N.W. 2ND AVENUE #512
CITY-ST-ZIP BOCA RATON, FL

☐ DELETE

TITLE VP
NAME GIBEAU, MICHAEL
STREET ADDRESS 5500 NW 2ND AVENUE, #317
CITY-ST-ZIP BOCA RATON, FL

☒ DELETE

TITLE DT
NAME CARR, JAMES
STREET ADDRESS 5700 NW 2ND AVE #201
CITY-ST-ZIP BOCA RATON, FL

☐ DELETE

TITLE P
NAME LANDAU, GEORGE
STREET ADDRESS 5700 NW 2ND AVE., #312
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME RICARDO DEPHAMPHLIS
1.3 STREET ADDRESS 5500 NW 2ND AV #117
1.4 CITY-ST-ZIP BOCA RATON FL 33487

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME CHRISTINE SEAMAN
2.3 STREET ADDRESS 5700 NW 2ND AV #703
2.4 CITY-ST-ZIP BOCA RATON FL 33487

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME MARCIA SCHIFF
3.3 STREET ADDRESS 5506 NW 2ND AV #723
3.4 CITY-ST-ZIP BOCA RATON, FL 33487

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)