## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2007 8:00 am **Secretary of State DOCUMENT #717995** 05-04-2007 90080 043 \*\*\*122.50 BOCA TEECA CONDOMINIUM NO. 3, INC. 40105284 Mailing Address Principal Place of Business 5500 NW 2ND AVENUE, 5TH FLOOR 5500 NW 2ND AVENUE, 5TH FLOOR BOCA RATON, FL 33487 BOCA RATON, FL 33487 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 CR2E037 (12/06) Chg-NP City & State 4. FEI Number 59-1313162 Applied For City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDAN, GEORGE Name Street Address (P.O. Box Number is Not Acceptable) 5500 N.W. 2ND AVENUE BOCA RATON, FL 33487 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. Make check payable to Florida Department of State Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SECRETARY PLANDAU TITLE Change Addition ☐ Delete TITLE KAY Murphy LAMDAU, GEORGE NAME NAME 5500 NW2 Ave # 722 STREET ADDRESS 5700 NW 2 AVE # 312 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33487 Boca Raton F1. 33487 Delete Change Addition TITLE DiRector TITLE william Aellis PAUL, RON NAME 5500 NW2 AVE #220 NAME STREET ADDRESS 5700 N.W. 2ND AVE., #509 STREET ADDRESS Boca Raton BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP G1. 33487 DiRector Change Addition 🔀 TITLE ☐ Delete TITLE BRIAN BRINLEY #615 NAME NAUGHTON, JIM NAME V500 NW DAM STREET ADDRESS STREET ADDRESS 5700 N.W. 2ND AVE #511 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL. 33487 BOCA Raton, E/ 33487 Director Ralph Sacks Addition ☐ Change TITLE ☐ Delete TITLE GARGAN, JOHN NAME NAME 5500 NW2 Are \$625 5700 NW 2 AVE # 504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33487 Delete Change Addition TITLE GIBEAU, MIKE NAME NAME 5500 NW 2ND, #317 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CUTY-ST-71P Defete TITLE □ Change ☐ Addition TITLE NAME LEBEL, NESS NAME STREET ADDRESS 5700 NW 2 AVE # 601 STREET ADORESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP

FILED

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.

994-0935 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI