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

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90246 034 ****61.25

DOCUMENT # 717995

1. Entity Name

BOCA TEECA CONDOMINIUM NO. 3, INC.

Principal Place of Business	Mailing Address
5500 NW 2ND AVENUE. 5TH FLOOR BOCA RATON FL 33487	5500 NW 2ND AVENUE. 5TH FLOOR BOCA RATON FL 33487

☐ 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 59-1313162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAY, NANCY D
5500 N.W. 2ND AVENUE
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 Nancy T. O'Day 2-18-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'DAY, NANCY 5500 NW 2ND AVENUE, #323 BOCA RATON FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBEAU, MICHAEL 5500 NW 2ND AVE #317 BOCA RATON FL 33487 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLOTTE CAPLAN (SHIRL) 5700 N.W. 2ND AVE APT 605 BOCA 33487 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D *TREDEAU, DAVID* 5700 NW 2ND AVENUE, #512 BOCA RATON, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kathryn Murphy (Kay) 5500 N.W. 2nd Ave. #722 Boca Raton, FL. 33487 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIFF, MARCIA 5500 NW 2ND AVE #723 BOCA RATON, FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CARR, JAMES 5700 NW 2ND AVE #201 BOCA RATON, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALYWORD, CHARLES 5700 NW 2ND AVE., #312 BOCA RATON FL 33487 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRICIA A COWLES 5500 N.W. 2nd Ave #518. Boca Raton, FL. 33487 ☐ Change ☐ Addition

CR2E037 (10/02)

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: MARCIA SCHIFF Marcia Schiff 2/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR