

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:04

DOCUMENT # 735716 (3)

1. Corporation Name

BOCA TEECA CONDOMINIUM NO. 8, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O PRIME MANAGEMENT GROUP INC
1051 S ROGERS CIR
BOCA RATON FL 33487
US

Mailing Address

C/O PRIME MANAGEMENT GROUP INC
1051 S ROGERS CIR
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1976

3a. Date of Last Report
03/08/1994

4. FEI Number
59-1689831

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SWATT, BYRON I
C/O PRIME MANAGEMENT GROUP INC
1051 S ROGERS CIR
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABBOTT, MORTON
STREET ADDRESS	6000 NW 2ND AVE, #333
CITY-ST-ZIP	BOCA RATON FL
TITLE	V
NAME	OLSEN, SIGURD
STREET ADDRESS	8100 NW 2ND AVENUE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	YOUNG, MORTON
STREET ADDRESS	6200 NW 2ND AVE.
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	FABRICANT, W.
STREET ADDRESS	6300 NW 2ND AVE.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	SCHULBERG, HILLIARD
STREET ADDRESS	6200 NW 2ND AVE.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	GOLDMEIER, LAWRENCE
STREET ADDRESS	8100 NW 2ND AVE #320
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	JACK FREEDMAN
2.3 STREET ADDRESS	6200 NW 2ND AVE
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	RITA FEIGENBAUM
3.3 STREET ADDRESS	6200 NW 2ND AVE
3.4 CITY-ST-ZIP	BOCA RATON FL 33487
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Morton I. Abbott Morton I. Abbott, Pres. 3/21/95 407 882-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #