

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90022 046 \*\*\*\*61.25

**DOCUMENT # 737557**

1. Entity Name

**BOCA TERRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**800 S.W. 9TH ST. CIR.  
BOCA RATON FL 33486**

Mailing Address

**800 S.W. 9TH ST. CIR.  
BOCA RATON FL 33486**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-1707987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARP, LORRAINE  
800 S.W. 9TH ST. CIR.  
BOCA RATON FL 33486**

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

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  
Due By May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	SHARP, LORRAINE	
STREET ADDRESS	930 SW 9TH ST CIRCLE # 104	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FERREIRA, SUSANN	
STREET ADDRESS	906 SW 9ST CIRCLE #207	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOLDOF, ALAN	
STREET ADDRESS	892-4 SW 9ST CIRCLE	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VACIRCA, ELLEN	
STREET ADDRESS	806 SW 9TH ST CIRCLE # 101	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARADISE, ETHEL	
STREET ADDRESS	892 SW 9TH ST CIRCLE # 013	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOBOLAK, RICHARD	
STREET ADDRESS	806 SW 9TH ST CIRCLE # 201	
CITY- ST- ZIP	BOCA RATON FL 33486	

TITLE	DOROTHY JAFFRAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	930 S.W. 9TH ST. CIRCLE # 202	
STREET ADDRESS	BOCA RATON, FL 33486	
CITY- ST- ZIP		
TITLE	ELIZABETH O'ROURKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	824 S.W. 9TH ST. CIRCLE # 203	
STREET ADDRESS	BOCA RATON, FL 33486	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Lorraine Sharp*

2-04-08 561  
368-9697