

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737557

FILED
Apr 09, 2009
Secretary of State

Entity Name: BOCA TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1707987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARP, LORRAINE
Address: 930 SW 9TH ST CIRCLE # 104
City-St-Zip: BOCA RATON, FL 33486

Title: VPD () Delete
Name: FERREIRA, SUSANN
Address: 906 SW 9ST CIRCLE #207
City-St-Zip: BOCA RATON, FL 33486

Title: TD () Delete
Name: SAFFRAN, DOLOTHY
Address: 930 SW 9TH STREET CR #202
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: VACIRCA, ELLEN
Address: 806 SW 9TH ST CIRCLE # 101
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: PARADISE, ETHEL
Address: 892 SW 9TH ST CIRCLE # 013
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: SOBOLAK, RICHARD
Address: 806 SW 9TH ST CIRCLE # 201
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE SHARP

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date