

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737557

FILED  
Apr 04, 2011  
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  
**Name:** SHARP, LORRAINE  
**Address:** 930 SW 9TH ST CIRCLE # 104  
**City-St-Zip:** BOCA RATON, FL 33486

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

**Title:** TD  
**Name:** SAFFRAN, DOROTHY  
**Address:** 930 SW 9TH STREET CR #202  
**City-St-Zip:** BOCA RATON, FL 33486

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

**Title:** DR  
**Name:** FITZSIMMONS, ELIZABETH  
**Address:** 836 SW 9TH ST CIRCLE #103  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** DR  
**Name:** GARCIA, JAMES  
**Address:** 806 SW 9TH ST CIRCLE # 203  
**City-St-Zip:** BOCA RATON, FL 33486

I hereby 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 all other like empowered.

**SIGNATURE:** LORRAINE SHARP

PD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date