## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 16, 2004 8:00 am **DOCUMENT # 745983 Secretary of State** 02-16-2004 90050 016 \*\*\*\*61.25 BOCA TEECA CONDOMINIUM NO. 9, INC. Mailing Address Principal Place of Business 198 NORTHWEST 67TH STREET BOCA RATON FL 33487 198 NORTHWEST 67TH STREET コダロナロト **BOCA RATON FL 33487** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-1964872 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TESLER, JEROME J Street Address (P.O. Box Number is Not Acceptable) 6500 NW 2ND AVE. **BOCA RATON FL 33487** Zip Code City 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 DATE (NOTE; Registered Agent signature required when reinstating) Stonature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Delete TITLE RON ERHARDT 6400 N.W. 240 AVE TESLER, JEROME J NAME NAME 6500 NW 2ND AVE. STREET ADDRESS STREET ADDRESS BOCA RATON FL BUCA RATON FL. 23487 CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROSEN, ED NAME NAME 198 W 67TH ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE SOLOMON, PHILLIS-NAME NAME 6400 NW 2ND AVENUE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE WILEY, CATHERINE NAME NAME 198 NW 67TH ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE FRADIN, SHIRLEY NAME NAME 6400 NW 2ND AVE. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE SLY, CHESTER NAME NAME 6500 NW 2ND AVE STREET ADDRESS STREET ADDRESS BOCA RATON FL CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**