## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 17, 2005 8:00 am **Secretary of State DOCUMENT # 745983** 1. Entity Name 02-17-2005 90030 009 \*\*\*\*61.25 BOCA TEECA CONDOMINIUM NO. 9, INC. Principal Place of Business Mailing Address 198 NORTHWEST 67TH STREET BOCA RATON FL 33487 198 NORTHWEST 67TH STREET BOCA RATON FL 33487 20011892 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1964872 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TESLER, JEROME J Street Address (P.O. Box Number is Not Acceptable) 6500 NW 2ND AVE. **BOCA RATON FL 33487** 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. 2-4-05 DATE SIGNATURE Signature, type-FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE RON ERHARDT 6400 NW 2ND AVE BOCA RATON, FL. 33487 ☐ Delete ☐ Change TESLER, JEROME J NAME 6500 NW 2ND AVE. STREET ADDRESS STREET ADDRESS BOCA RATON FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Addition ROSEN, ED NAME NAME 198 W 67TH ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME SOLOMON, PHLLLIS NAME 6400 NW 2ND AVENUE STREET ADDRESS STREET ADDRESS CITY-SI-7IP **BOCA RATON FL 33487** CITY-ST-7IP TITLE SEC . Delete TITLE **Addition** ☐ Change WILEY, CATHERINE NAME NAME LEITAO GAROL 198 NW 67TH ST. STREET ADDRESS STREET ADDRESS 6500 N.W. ZND AYE, **BOCA RATON FL 33487** CITY-ST-7LP CITY-ST-7IP TATLE ☐ Delete TITLE ☐ Addition FRADIN, SHIRLEY NAME NAME 6400 NW 2ND AVE. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP D 75 100 7 - 150 - ----TITLE TITLE SLY, CHESTER NAME MAME 6500 NW. 2ND AVE 6500 NW 2ND AVE STREET ADDRESS STREET ADDRESS BOCA- RATON FL: 3348 BOCA RATON FL CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #