2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT #745983** 04-27-2007 90198 037 ****70.00 BOCA TEECA CONDOMINIUM NO. 9, INC. Principal Place of Business Mailing Address 198 NORTHWEST 67TH STREET 40086038 198 NORTHWEST 67TH STREET BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E037 (12/06) Cha-NP City & State City & State 4. FEI Number 59-1964872 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERHART, RONALD 6400 NW 2ND AVE. Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33487 City 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, typed or printed name of registered agent and title if Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. П Due by May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE ☐ Delete TITLE Addition CAMBIA, BARBARA NAME NAME STREET ADDRESS 198 NW 67TH ST., #505 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE Delete TITLE Change ■ Addition ROSEN, ED NAME 198 W 67TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOLOMON, PHLLLIS NAME NAME STREET ADDRESS 6400 NW 2ND AVENUE STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change ERHARDT, RON NAME 6400 NW 2ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change noitibba 🗀 FRADIN, SHIRLEY NAME NAME STREET ADDRESS 6400 NW 2ND AVE. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP Delete TITLE Addition ☐ Change Keit AO carol 6500 NW 2nd AVE LICHTENSTEIN, ELINOR NAME NAME STREET ADDRESS 6500 NW 2ND AVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 BOCK RAYON, FC 33487 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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