## 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 745983** 

Entity Name: BOCA TEECA CONDOMINIUM NO. 9, INC.

FILED
May 02, 2022
Secretary of State
1635781257CC

## **Current Principal Place of Business:**

C/O REALMANAGE

9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024

## **Current Mailing Address:**

C/O REALMANAGE P O BOX 803555 DALLAS, TX 75380 US

FEI Number: 59-1964872 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOGEN , MICHAEL C/O BOGEN LAW GROUP 7351 WILES RD. SUITE #202 CORAL SPRINGS , FL 33067 US

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: MICHAEL BOGEN 05/02/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VICE PRESIDENT

Name RICHARDSON, JIM Name MANDELBERGER, JACK

Address C/O REALMANAGE Address C/O REALMANAGE

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER Title SECRETARY

Name LEIKEN, MARVIN Name REAGAN, LORRAINE

Address C/O REALMANAGE Address C/O REALMANAGE

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480 City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR Title DIRECTOR

Name CLYBURN, MIKE Name MORRIS, BRIDGET

Address C/O REALMANAGE Address C/O REALMANAGE

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

City-State-Zip:

PEMBROKE PINES FL 33024

Title DIRECTOR

Name AARONSON, PHYLLS

City-State-Zip:

Address C/O REALMANAGE

9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024

City-State-Zip: PEMBROKE PINES FL 33024

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: JIM RICHARDSON PRESIDENT 05/02/2022

Date