

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746007** (4)
1. Corporation Name
TEQUESTA HILLS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3900 COUNTY LINE RD. TEQUESTA FL 33469 US
Mailing Address: % ASSOCIATION MGRS INC PO BOX 4586 TEQUESTA FL 33469 US

3. Date Incorporated or Qualified: 02/19/1979
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-2125745
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: BECKER, POLIAKOFF & STREITFELD, PA 500 S AUSTRALIAN AVE 9TH FLR WEST PALM BEACH FL 33401
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: KUCERA, JOHN STREET ADDRESS: 3900 COUNTY LINE ROAD CITY-ST-ZIP: TEQUESTA, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KERR, GORDON STREET ADDRESS: 3900 COUNTY LINE ROAD CITY-ST-ZIP: TEQUESTA, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HOWLEY, BETTY STREET ADDRESS: 3900 COUNTY LINE RD CITY-ST-ZIP: TEQUESTA, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: RENNEWANZ, DONNA STREET ADDRESS: 3900 COUNTY LINE RD CITY-ST-ZIP: TEQUESTA, FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KRACHANUS, MARTHA STREET ADDRESS: 3900 COUNTY LINE ROAD CITY-ST-ZIP: TEQUESTA, FL 00000	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME: Maria Doser 5.3 STREET ADDRESS: 3900 County Line Rd. 5.4 CITY-ST-ZIP: Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] John Kucera 03/07/96 (407) 144-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)