

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

Applied For
☐ Not Applicable

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 (P.O. Box Number is Not Acceptable)

83

84 City **FL** **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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KUCERA, JOHN | |
| STREET ADDRESS | 3900 COUNTY LINE ROAD | |
| CITY-ST-ZIP | TEQUESTA, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KERR, GORDON | |
| STREET ADDRESS | 3900 COUNTY LINE ROAD | |
| CITY-ST-ZIP | TEQUESTA, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HOWLEY, BETTY | |
| STREET ADDRESS | 3900 COUNTY LINE RD | |
| CITY-ST-ZIP | TEQUESTA, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | RENEWANZ, DONNA | |
| STREET ADDRESS | 3900 COUNTY LINE RD | |
| CITY-ST-ZIP | TEQUESTA, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KRACHANUS, MARTHA | |
| STREET ADDRESS | 3900 COUNTY LINE ROAD | |
| CITY-ST-ZIP | TEQUESTA, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D Maria Doser |
| 5.3 STREET ADDRESS | 3900 County Line Rd. |
| 5.4 CITY-ST-ZIP | Tequesta, FL 33469 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *John R. Kucera* **John Kucera** 03/07/96 (407) 144-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)