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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33469-9586 US

3. Date Incorporated or Qualified: 02/19/1979  
3a. Date of Last Report: 03/20/1996

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)

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

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: Christopher P. Strand  
82 Street Address (P.O. Box Number is Not Acceptable): 71 Willow Rd.  
83  
84 City: Tequesta FL 85 Zip Code: 33469

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Christopher P. Strand* Christopher P. Strand, Property Manager 03/13/97  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCERA, JOHN	1.2 NAME	
STREET ADDRESS	3900 COUNTY LINE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERR, GORDON	2.2 NAME	TD James Woods
STREET ADDRESS	3900 COUNTY LINE ROAD	2.3 STREET ADDRESS	3400 County Line Rd
CITY - ST - ZIP	TEQUESTA, FL 00000	2.4 CITY - ST - ZIP	Tequesta, Fl. 33469
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWLEY, BETTY	3.2 NAME	
STREET ADDRESS	3900 COUNTY LINE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNEWANZ, DONNA	4.2 NAME	
STREET ADDRESS	3900 COUNTY LINE RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSER, MARIA	5.2 NAME	D Robert Mueller
STREET ADDRESS	3900 COUNTY LINE ROAD	5.3 STREET ADDRESS	3900 County Line Rd
CITY - ST - ZIP	TEQUESTA, FL 00000	5.4 CITY - ST - ZIP	Tequesta, Fl. 33469
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 Kucera* John Kucera 03/13/97 (561)744-2788  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0044285

CR2E037 (9/96)