

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/19/1979	Applied For Not Applicable
4. FEI Number 59-2125745	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CHRISTOPHER P STRAND
71 WILLOW RD
~~OTW FLR~~
TEQUESTA FL 33469

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUCERA, JOHN <input checked="" type="checkbox"/> DELETE 3900 COUNTY LINE ROAD TEQUESTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES WOODS <input type="checkbox"/> DELETE 3900 COUNTYLINE RD TEQUESTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWLEY, BETTY <input type="checkbox"/> DELETE 3900 COUNTY LINE RD TEQUESTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENEWANZ, DONNA <input type="checkbox"/> DELETE 3900 COUNTY LINE RD TEQUESTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD ROBERT MUELLER <input type="checkbox"/> DELETE 3900 COUNTY LINE ROAD TEQUESTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Dick Mills <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3900 County line Rd. Tequesta, FL. 33469
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Donna Renewanz Donna Renewanz 7/16/98 (561) 744-2788
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)