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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746007

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2125745
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHRISTOPHER P STRAND
71 WILLOW RD
9TH FLR
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, DICK	
STREET ADDRESS	3900 COUNTY LINE RD	
CITY-ST-ZIP	TEQUESTA, FL 00000 33469	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAMES WOODS	
STREET ADDRESS	3900 COUNTYLINE RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOWLEY, BETTY	
STREET ADDRESS	3900 COUNTY LINE RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RENEWANZ, DONNA	
STREET ADDRESS	3900 COUNTY LINE RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERT MUELLER	
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 checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Madeline Macdonald
3.4 CITY-ST-ZIP	3900 County Line Rd Tequesta, FL 33469
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Donna Renewanz 3/18/99 (561)744-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-1198