2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90238 029 ****61.25

DOCUMENT # N10655

1. Entity Name
TEQUESTA COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
208 N US HIGHWAY 1 #2 TEQUESTA, FL 33469	208 N US HIGHWAY 1 #2 TEQUESTA, FL 33469

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03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0022701
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAUNDERSON, GEORGE
208 N US HIGHWAY 1, #2
JUPITER, FL 33469

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAUNDERSON, GEORGE
STREET ADDRESS	273 SUSSEX CIRCLE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD
NAME	MCCANTE, LINDA
STREET ADDRESS	6372 WOODLAKE ROAD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SD
NAME	KAREN, LAMPLOUGH
STREET ADDRESS	10 C LEXINGTON LANE EAST #314
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-19-04 5615754499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #