

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
5 MAY 31 AM 8:12

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **N44578** (5)  
1. Corporation Name  
**TEQUESTA CMC ASSOCIATION, INC.**

Principal Place of Business: **46 CHESTNUT TRAIL TEQUESTA FL 33469**  
Mailing Address: **46 CHESTNUT TRAIL TEQUESTA FL 33469**

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)

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: **08/02/1991**  
3a. Date of Last Report: **03/18/1994**  
4. FBI Number: **65-0285344**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DOWNEY, STEPHEN A.  
94 GOLFVIEW DR  
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------|---|--|
| TITLE                      | <b>D</b>                     | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SHANNON, WILLIAM E</b>    | 12 NAME   |  |
| STREET ADDRESS             | <b>46 CHESTNUT TRAIL</b>     | 13 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | <b>TEQUESTA FL</b>           | 14 CITY - ST - ZIP                                    |  |
| TITLE                      | <b>D</b>                     | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BRIENZA, PAUL P</b>       | 22 NAME   |  |
| STREET ADDRESS             | <b>121 PINE HILL TRAIL W</b> | 23 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | <b>TEQUESTA FL</b>           | 24 CITY - ST - ZIP                                    |  |
| TITLE                      | <b>D</b>                     | 31 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DOWNEY, STEPHN A</b>      | 32 NAME   | <b>DOWNEY, STEPHEN A.</b>  |
| STREET ADDRESS             | <b>94 GOLFVIEW DR</b>        | 33 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | <b>TEQUESTA FL</b>           | 34 CITY - ST - ZIP                                    |  |
| TITLE                      | <b>D</b>                     | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PAPP, ROBERT</b>          | 42 NAME   |  |
| STREET ADDRESS             | <b>21 PALMETTO WAY</b>       | 43 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | <b>TEQUESTA FL</b>           | 44 CITY - ST - ZIP                                    |  |
| TITLE                      | <b>D</b>                     | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SCHAUER, ELIZABETH</b>    | 52 NAME   |  |
| STREET ADDRESS             | <b>85 TEAKWOOD CIR</b>       | 53 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | <b>TEQUESTA FL</b>           | 54 CITY - ST - ZIP                                    |  |
| TITLE                      | <b>D</b>                     | 61 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TREACY, WILLIAM F</b>     | 62 NAME   | <b>VANDERWAAL, NEAL</b>  |
| STREET ADDRESS             | <b>315 COUNTRY CLUB DR</b>   | 63 STREET ADDRESS                                     | <b>55 YACHT CLUB PLACE</b>   |
| CITY - ST - ZIP            | <b>TEQUESTA FL</b>           | 64 CITY - ST - ZIP                                    | <b>TEQUESTA FL 33469</b>   |

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 110.07(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 the 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: William E. Shannon VP **WILLIAM E. SHANNON VP** 5/24 95 407-627-2112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #