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Secretary of State

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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 # N44578

1. Corporation Name
TEQUESTA CIVIC ASSOCIATION, INC.

Principal Place of Business 46 CHESTNUT TRAIL TEQUESTA FL 33469	Mailing Address 46 CHESTNUT TRAIL TEQUESTA FL 33469
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/02/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0285344
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

**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
85 Zip Code

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	SHANNON, WILLIAM E	
STREET ADDRESS	46 CHESTNUT TRAIL	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIENZA, PAUL P	
STREET ADDRESS	121 PINE HILL TRAIL W	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNEY, STEPHEN A	
STREET ADDRESS	94 GOLFVIEW DR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAPP, ROBERT	
STREET ADDRESS	21 PALMETTO WAY	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAUER, ELIZABETH	
STREET ADDRESS	85 TEAKWOOD CIR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDERWAAL, NEAL	
STREET ADDRESS	55 YACHT CLUB PLACE	
CITY-ST-ZIP	TEQUESTA FL	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: William E Shannon **NOTARY REQUIRED** 3/7/99 561-747-0233

CR2E037 (11/98)