

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90136 030 ****61.25

DOCUMENT # N44578

1. Entity Name

TEQUESTA CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**46 CHESTNUT TRAIL
 TEQUESTA FL 33469**

**46 CHESTNUT TRAIL
 TEQUESTA FL 33469-2148**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0285344

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWNEY, STEPHEN A.
 94 GOLFVIEW DR
 TEQUESTA FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William E Shannon* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

561-627-2112

Date

Daytime Phone #

CR2E037 (9/99)