


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90011 044 ****61.25

DOCUMENT # N44578

1. Entity Name
TEQUESTA CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address

85 TEAKWOOD CIRCLE 85 TEAKWOOD CIRCLE
TEQUESTA FL 33469 TEQUESTA FL 33469

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (4/04)

4. FEI Number Applied For

65-0285344 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, STEPHEN A.
94 GOLFVIEW DR
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By September 8, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	SCHAUER, ELIZABETH	
STREET ADDRESS	85 TEAKWOOD CIR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANDERWAAL, NEAL	
STREET ADDRESS	55 YACHT CLUB PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Elizabeth A. Schauer* 8/4/04 561-747-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #