

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 049 ****61.25

DOCUMENT # N44578

1. Entity Name
TEQUESTA CIVIC 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

85 TEAKWOOD Circle

3. Mailing Address

85 TEAKWOOD Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

TEQUESTA, FL.

City & State

TEQUESTA, FL

4. FEI Number **65-0285344**

Applied For
 Not Applicable

Zip **33469**

Country **USA**

Zip **33469**

Country **USA**

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 *Elizabeth Schauer*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 12, 2003

FILE NOW: FEE IS \$61.25

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

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 checked="" 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: *Elizabeth Schauer* **FILED** *May 12 2003* **561-747-6217**

CR2E037 (10/02)