

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746007

**FILED  
Mar 30, 2016  
Secretary of State  
CC2133819048**

**Entity Name:** TEQUESTA HILLS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 59-2125745

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEA BREEZE COMMUNITY MANAGEMENT SERVICES INC  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

*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:** BEVERLY JAMASON

03/30/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HALTY, PATRICIA  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D, ASST TREAS  
Name KNAPP, SUSAN  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY  
Name MEGNA, DIANA  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TREASURER  
Name BOYSON, DEBRA  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP  
Name WEIDMAN, EVELYN  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA HALTY

**PRESIDENT**

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date