

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25432

**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC0613675483**

**Entity Name:** TEQUESTA MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

C/O MIAMI MANAGEMENT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**FEI Number:** 65-0087697

**Certificate of Status Desired:** No

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

TRIPP SCOTT  
110 SE 6 STREET  
15TH FLOOR  
FORT LAUDERDALE, FL 33301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MEAD, HENRY  
Address        C/O MIAMI MANAGEMENT  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            D  
Name            STONE, MJ  
Address        C/O MIAMI MANAGEMENT  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            VP  
Name            LEWIS, PATRICIA  
Address        C/O MIAMI MANAGEMENT  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            TREASURER  
Name            BETTOLI, MAURIZIO  
Address        C/O MIAMI MANAGEMENT  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            HODES, SUZANNE  
Address        C/O MIAMI MANAGEMENT  
                  1145 SAWGRASS CORP PKWY  
City-State-Zip: SUNRISE FL 33323

*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:** HENRY MEAD

**PRESIDENT**

**02/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date