

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703376

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** TEQUESTA COUNTRY CLUB COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 3006  
TEQUESTA, FL 33469 US

**New Principal Place of Business:**

338 COUNTRY DRIVE  
TEQUESTA, FL 33469 US

**Current Mailing Address:**

PO BOX 3006  
TEQUESTA, FL 33469 US

**New Mailing Address:**

338 COUNTRY DRIVE  
TEQUESTA, FL 33469 US

**FEI Number:** 59-1285968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTER, DOWNEY D JR  
227 RIVER DRIVE  
TEQUESTA, FL 33469 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: BEECHE, WILLIAM  
Address: 338 COUNTRY DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: TD ( ) Delete  
Name: DOWNEY, WALTER D JR  
Address: 227 RIVER DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: SD ( ) Delete  
Name: NEWMAN, MARYBETH  
Address: 205 GOLFVIEW DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: PD ( ) Delete  
Name: FAUCHER, DOUGLAS  
Address: 131 FAIRVIEW WEST  
City-St-Zip: TEQUESTA, FL 33469

Title: SD ( ) Delete  
Name: ROGERS, LORRAINE  
Address: 57 GOLFVIEW DR.  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM BEECHE

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date