2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90252 002 ****61.25

DOCUMENT # 707840

1. Entity Name
CARRIAGE HOUSES OF TEQUESTA, INC.

Principal Place of Business	Mailing Address
DOMIUM 475 TEQUESTA DRIVE TEQUESTA, FL 33469	CARRIAGE HOUSES OF TEQUEST 475 TEQUEST DR. JUPITER, FL 33469

DO NOT WRITE IN THIS SPACE

04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1206795
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSHNELL, RAYMOND A JR
475 TEQUESTA DR.
#16
TEQUESTA, FL 33469

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	~~ST~~ delete	new
NAME	~~BUSHNELL, MARY KAY~~	JERRY DUNN #
STREET ADDRESS	~~475 TEQUESTA DR., #16~~	475 TEQUESTA DR
CITY-ST-ZIP	~~JUPITER, FL 33469~~	JUPITER, FL 33469
TITLE	PD	
NAME	BUSHNELL, RAY	
STREET ADDRESS	475 TEQUESTA DR., #16	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	~~CD~~ delete	new
NAME	~~SMITH, DALE~~	JOYCE WOOD #9
STREET ADDRESS	~~475 TEQUESTA DR, #12~~	475 TEQUESTA DR
CITY-ST-ZIP	~~TEQUESTA, FL 33469~~	JUPITER, FL 33469
TITLE	D	
NAME	~~HAMM, JIM~~	
STREET ADDRESS	~~475 TEQUESTA DR, #4~~	delete
CITY-ST-ZIP	~~TEQUESTA, FL 33469~~	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #