

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 715796</b> 1. Entity Name TEQUESTA GARDEN CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 10 WESTWOOD AVE. TEQUESTA, FL 33469	Mailing Address 10 WESTWOOD AVE. TEQUESTA, FL 33469
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03132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1286604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SWEET, JUANITA J  
 428 JUPITER LAKES BLVD  
 JUPITER, FL 33468

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ONORATO, VINCENT 6 GARBEN ST. P-202 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERMARK, EDWARD 3 GARDENS ST SUITE K-204 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOZYCZKO, FRANK 1 WEST WOOD AVE SUITE F101 TEQUESTA, FL 33469
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000718284  
 05/01/07-80015-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Vincent Onorato* VINCENT ONORATO 4/16/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #