2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004700

FILED Mar 05, 2009 Secretary of State

Entity Name: THREE TEQUESTA POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 848 BRICKELL KEY DRIVE STE 503 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 848 BRICKELL KEY DRIVE STE 503 MIAMI, FL 33131 FEI Number: 65-1118975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKRLD, INC 201 ALHAMBRA CIR, SUITE 1102 CORAL GABLES, FL 33134 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MIGOYA, CARLOS A Name: Name: 848 BRICKELL KEY DR. #503 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: DS () Delete Title: () Change () Addition GEIST, GERALD Name: Name: Address: 848 BRICKELL KEY DR. #503 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: () Delete Title: (X) Change () Addition VERNON, ESTÉVEZ J Name: VERNON, ESTEVEZ X Name: 848 BRICKELL KEY DR. #1604 848 BRICKELL KEY DR. #1604 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: DT () Delete Title: (X) Change () Addition Name: VONDINCKLAGE, ANDRES Name: VONDINCKLAGE, ANDRES 848 BRICKELL KEY DR, #503 848 BRICKELL KEY DR, #503 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: DΡ () Delete Title: () Change () Addition OWENS, STEPHEN Name: Name: 848 BRICKELL KEY DRIVE #503 Address: Address: City-St-Zip: MIAMI, FL 33131 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: VERNON ESTEVES DT 03/05/2009