

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90054 028 ****61.25

DOCUMENT # N01000006328

1. Entity Name

TEQUESTA TRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8198 JOG ROAD, SUITE 200
 BOYNTON BEACH FL 33437

8198 JOG ROAD, SUITE 200
 BOYNTON BEACH FL 33437

2. Principal Place of Business

7100 W CAMINO REAL

3. Mailing Address

7100 W CAMINO REAL

Suite, Apt. #, etc.

SUITE 117

Suite, Apt. #, etc.

SUITE 117

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33433

Country

FL

Zip

33433

Country

FL

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, W. TRENT
 8198 JOG ROAD, SUITE 200
 BOYNTON BEACH FL 33437

Name **PAUL VALYO**

Street Address (P.O. Box Number is Not Acceptable)

7100 W CAMINO REAL

SUITE 117

City

BOCA RATON

FL

Zip Code

33433

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.

SIGNATURE

Paul Valyo

PAUL VALYO

04/02/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABRAMS, DAVID	
STREET ADDRESS	8198 JOG ROAD, SUITE 200	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BIRNBAUM, LEWIS	
STREET ADDRESS	8198 JOG ROAD, SUITE 200	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PAULSEN, CANDICE	
STREET ADDRESS	8198 JOG ROAD, SUITE 200	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Drew Herndon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drew Herndon	
STREET ADDRESS	8198 Jog Road Suite 200	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Candice Paulsen

04/15/02

561-362-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/01)