


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90428 009 ****61.25

DOCUMENT # N0100006328
1. Entity Name
TEQUESTA TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
7100 W CAMINO REAL 7100 W CAMINO REAL
SUITE 117 SUITE 117
BOCA RATON FL 33433 BOCA RATON FL 33433

94064292



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1930 Commerce Ln
SUITE 117
SUPIER FL
33458 WA

4. FEI Number Applied For
02-0576157 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALYO, PAUL
7100 W CAMINO REAL
SUITE 117
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name: Steve Ingalls, PCAM
Street Address (P.O. Box Number is Not Acceptable): 1930 Commerce Lane #117
City: SUPIER FL Zip Code: 33458

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: *Steve Ingalls* PCAM DATE: 4/1/04

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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STROHL, PAGE	
STREET ADDRESS	113-D LIGHTHOUSE CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VANDERWESTHUIZEN, CHRISTINE	
STREET ADDRESS	113-B LIGHTHOUSE CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREWER, DANIELLE	
STREET ADDRESS	111-H LIGHTHOUSE CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *J Strohl* DATE: 4/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #