


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

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90011 015 \*\*\*\*61.25

**DOCUMENT # N0100006328**

1. Entity Name  
 TEQUESTA TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 C/O SEACREST SERVICES, INC  
 2400 CENTER PARK W, STE 175  
 WEST PALM BEACH, FL 33409

Mailing Address  
 125 W INDIANTOWN RD  
 STE 203  
 JUPITER, FL 33458 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

City & State  
 City & State

Zip  
 Country

4. FEI Number  
 02-0576157

Applied For  
 Not Applicable

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

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

PIRELLI, MICHAEL  
 125 WEST INDIANTOWN RD  
 SUITE 203  
 JUPITER, FL 33458

**7. Name and Address of New Registered Agent**

Name **ST JOHN, CORE E LEMME, PA**

Street Address (P.O. Box Number is Not Acceptable)  
**1601 FORUM PLACE SUITE 701**

City **WEST PALM BEACH FL** Zip Code **33401**

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 **3/19/07**

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

**Make check payable to Florida Department of State**

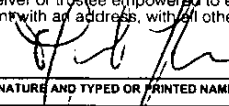
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHATYRITZ, WILLIAM 103 D LIGHTHOUSE CIRCLE TEQUESTA, FL 33489	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, MURIELLE 108 D LIGHTHOUSE CIRCLE TEQUESTA, FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBBER, KIMBERLY 114 H LIGHTHOUSE CIRCLE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, NAOMI 108 H LIGHTHOUSE CIRCLE TEQUESTA, FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ANDETTE, SR, RICHARD P.O. BOX 7826 WARWICK, RI 02887	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS BASKLEY FIELD 110 C LIGHTHOUSE CIR TEQUESTA FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CONNIE PESCE 113 C LIGHTHOUSE CIR TEQUESTA FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/19/07** DAYTIME PHONE # **561.748.1669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR