


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 033 ****61.25

DOCUMENT # N01000006328

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 #
 C/O Bristol Management
 Suite, Apt. #, Etc.
 1930 Commerce Ln
 City & State
 Jupiter FL 33458
 Zip
 33458 Country
 USA

3. Mailing Address
 C/O Bristol Management
 Bristol Management Services, Inc.
 1930 Commerce Lane, Suite #1
 City & State
 Jupiter, Florida 33458
 Zip
 -- Country
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04222008 Chg-NP CR2E037 (12/06)

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

ST JOHN CORE & LEMME, PA
 1601 FORUM PLACE SUITE 101
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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, 2008

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

Make check payable to Florida Department of State

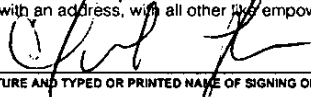
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHATYRITZ, WILLIAM 103 D LIGHTHOUSE CIRCLE TEQUESTA, FL 33489	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, MURIELLE 108 D LIGHTHOUSE CIRCLE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASKEYFIELD, THOMAS 100 C 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 PESCE, CONNIE 113 C LIGHTHOUSE CIR TEQUESTA, FL 33469	<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	D/Pres Thomas Baskey Field 100 C Lighthouse Cir Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/Treas Murielle Johnson 108 D Lighthouse Cir Tequesta, FL 33469	<input checked="" 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
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 files empowered.

SIGNATURE:  Date: 4/23/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR