


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 034 ****61.25

DOCUMENT # N03000007169		
1. Entity Name TEQUESTA CAY CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business	Mailing Address	
SEACREST SVRS INC 2400 CTR PRK W DR STE 175 WEST PALM BEACH, FL 33409	Jan Hansen 154B Village Blvd. Jupiter FL 33477	
	SEACREST SVRS INC 2400 CTR PRK W DR STE 175 P.O. Box 4505 WEST PALM BEACH, FL 33409	



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1192214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
JOSKO, JAY 2905 FAIRWAY DR JUPITER, FL 33477

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JOSKO, JAY
STREET ADDRESS	2905 FAIRWAY DRIVE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	LOGAN, EDNA
STREET ADDRESS	152 C VILLAGE BLVD
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	GAMANO, FRANK
STREET ADDRESS	156 J VILLAGE BLVD
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	HANSON, JAN
STREET ADDRESS	154 B VILLAGE BLV D
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	Sandra McNeal
STREET ADDRESS	P.O. Box 8704
CITY-ST-ZIP	Jupiter FL 33468-8704
TITLE	D
NAME	Ed Getherall
STREET ADDRESS	154-H Village Blvd
CITY-ST-ZIP	tequesta FL 33469

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #