

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:18

DOCUMENT # **N05614 (5)**
1. Corporation Name
TEQUESTA COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
200 WATERWAY RD. P. O. BOX 3576
TEQUESTA FL 33469 TEQUESTA FL 33469-0576
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1984** 3a. Date of Last Report **03/24/1994**
4. FEI Number **59-2545340** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CAMPBELL THERESA
900 E INDIANTOWN RD
STE 210
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COMEAU, LESIN
STREET ADDRESS	200 WATERWAY RD., #203
CITY-ST-ZIP	TEQUESTA FL
TITLE	VPSD
NAME	NUCCI, JOHN
STREET ADDRESS	200 WATERWAY RD., #303
CITY-ST-ZIP	TEQUESTA FL
TITLE	TD
NAME	ORSINI, GEORGE
STREET ADDRESS	200 WATERWAY RD., #208
CITY-ST-ZIP	TEQUESTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	FD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHWIER, THOMAS
1.3 STREET ADDRESS	200 WATERWAY RD #205
1.4 CITY-ST-ZIP	TEQUESTA FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ORSINI, DANTE
3.3 STREET ADDRESS	#110
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an indication.

SIGNATURE: _____ Date **Feb 2 1995** 407-747-2355
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR