

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business
**200 WATERWAY RD.
TEQUESTA FL 33469**

Mailing Address
**P. O. BOX 3576
TEQUESTA FL 33469-0576
US**

3. Date Incorporated or Qualified **10/11/1984** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2545340		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPBELL THERESA 900 E INDIANTOWN RD STE 210 JUPITER FL 33477				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWIER, THOMAS	1.2 NAME	LESIN COMERA
STREET ADDRESS	200 WATERWAY RD. #205	1.3 STREET ADDRESS	200 WATERWAY RD #203
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	VPSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUCCI, JOHN	2.2 NAME	
STREET ADDRESS	200 WATERWAY RD., #303	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	*ORSINI* <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORSINX, DANTE	3.2 NAME	CORRECT SPELLING
STREET ADDRESS	200 WATERWAY RD., #110	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROBERT FRANKLIN
STREET ADDRESS		4.3 STREET ADDRESS	200 WATERWAY ROAD #305
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	000001791040
NAME		6.2 NAME	04/23/96 01110 026
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Theresa Campbell Agent* 4/10/96 407-747-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L.W. COMERA PRES 5/3/96 Date Daytime Phone #

CR2E037 (12/95)