FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05614

(5)

TEQUESTA COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address) IBBREIDI BEL BUDI DILIB BELDE FROM A	iai biait aiail ai		1015 B1011 (BD1
200 WATERWAY RD. TEQUESTA FL 33469		P. O. BOX 3576 TEQUESTA FL 33469-0576 US								
						3.	Date Incorporated or Qualified 10/11/1984	3a. Date of Last Report 05/01/1996		
2. Principal Pla	ace of Business	2a. Mailing Address 26			4.	FEI Number 59-2545340	Applied For Not Applicable			
Suite, Apt. #	#, etc	Suite, Apt. #, etc.						\$		Additional
22		27	•••••			ъ,	Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State	•	City & State			6.	Election Campaign Financing Trust Fund Contribution			May Be	
Z ip	Country	Zip	Cor	untry		8.	This corporation has liability for i		****	to Fees : 199.032.
24	25	29	30				Florida Statutes	Yes 🔲 N	lo	. 100.002
	9. Name and Address of Current	Registered Agent		-		10.	. Name and Address of New Rep	gistored Age	nt	
04140DE				81	Name					
CAMPBELL THERESA				82	Street	Address (F	P.O. Box Number is Not Acceptab	le)		
900 E INDIANTOWN RD STE 210				63						
	FL 33477				0:5.				<u> </u>	
				84	City		. <u></u>	FL ⁸	_ '	Code
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.	·									
	Signature typed or printed name of registered agent				it signature	required when		DATE		
12.	OFFICERS AND PD	DELETE	13. 1.1 Ti		 -	<u>'</u>	ADDITIONS/CHANGES TO OFFIC		RECTOR Change	RS IN 12
NAME	COMEAU, LESIN			NAME				اا	CHAINGE	L. Abdition
STREET ADDRESS	200 WATERWAY RD. #203				ADDRESS			50		
CITY - ST - ZIP	TEQUESTA FL 33469		1.4 CITY				$+ \frac{1}{2} \left(\frac{1}{2} - \frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} - \frac{1}{2} - \frac{1}{2} \right)$			
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NAME	ORSINI, DANTE	·		22 NAME						
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CITY - S1 - ZIP	TEQUESTA FL	TT DELETE	2 4 CITY		r-21P	ļ <u> — — — — — — — — — — — — — — — — — — — </u>			37	2.200
TITLE	DVP Franklin, Robert	DELETE	31TI					'; LJ	Change	☐ Addition
NAME STREET ADDRESS	200 WATERWAY RD. #305		3.2 N		-000500					
CITY-ST-ZIP	TEQUESTA FL 33469			CITY-ST	ADDRESS 77IP			+ 12 -		
TITLE	(Decretities of the	DELETE	41 TI		- EII				Change	Addition
NAME			4 21	NAME				•	-	
STREET ADDRESS			43 S	STREET #	ADDRESS					
CITY - ST - 7IP	14/8114184-1814		4.4.0	CITY-ST	-ZIP			·		
TITLE		☐ DELETE	51 Ti					🗆	Change	Addition
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CHTY+ST+7IP TITLE		DELETE	_	CITY-ST	-ZIP	ļ			Change	Addition
NAME		b.c.,c	6.1 T# 6.2 N/						Change	L. Audilion
STREET ADORESS					ADDRESS					
CHY-SI-ZIP				CHTY+ST						
14. I do hereb	y certify that the information supplied	with this filing does not quali	ify for the	exen	nption st	tated in Se	action 119.07(3)(i), Florida Statutes	s. I further cer	tify that	the
Lam an off	n indicated on this annual report or su ficer or director of the corporation or to Block 12 or Block 13 if changed, or i	the receiver or trustee empow	vered to a	execur	ate and Ite this r	I that my signaport as re	Ignature shall have the same legal equired by Chapter 617, Florida Si	tatutes; and t	nade und hal my r ノ・ク(name