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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05614

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/11/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2545340

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

85 Zip 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME BUONA, DONNA
 STREET ADDRESS 200 WATERWAY RD, #110
 CITY-ST-ZIP TEQUESTA FL 33469

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

PD Change Addition
 BUONA DONNA, ANTHONY

TITLE VPD DELETE
 NAME CODY, CYNTHIA
 STREET ADDRESS 200 WATERWAY RD, #102
 CITY-ST-ZIP TEQUESTA FL 33469

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

VPD Change Addition
 FRANKLIN, ROBERT
 200 WATERWAY RD 305
 TEQUESTA, FL

TITLE STD DELETE
 NAME MATTHEWS, LINDA
 STREET ADDRESS 200 WATERWAY RD, #308
 CITY-ST-ZIP TEQUESTA FL 33469

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

Change Addition
 SECT/MEN/10
 BARRY, ALFRED 308
 200 WATERWAY RD
 TEQUESTA, FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/99 561-747-2355

CR2E037 (11/98)