

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90032 026 ****61.25



DOCUMENT # N05614
 1. Entity 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

4903013



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 City & State

3. Mailing Address Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2545340** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAHN, JOHN C
17843 WINTERHAWK TRAIL
JUPITER FL-33478

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUONADONNA, ANTHONY	
STREET ADDRESS	200 WATERWAY RD, #110	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	IOEGEN, MICHAEL	
STREET ADDRESS	200 WATERWAY RD. #306	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, ARLENE	
STREET ADDRESS	200 WATERWAY RD. #306	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, HERMAN	
STREET ADDRESS	200 WATERWAY RD. #207	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlene Lorman	
STREET ADDRESS	200 Waterway Rd #306	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADOLYARD LEVOSQUE	
STREET ADDRESS	200 WATERWAY RD #204	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert D. McLaughlin	
STREET ADDRESS	200 WATERWAY RD #308	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert D. McLaughlin **4-3-04** **772-475-6639**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #