
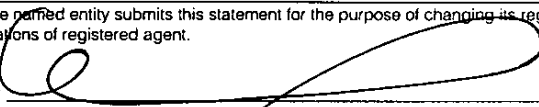
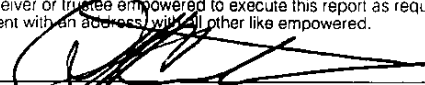


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90016 047 ****61.25

DOCUMENT # N05614			
1. Entity Name TEQUESTA COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 200 WATERWAY RD. TEQUESTA, FL 33469		Mailing Address DICKINSON MGMT Prime Mgmt. 400 TONEY PENNA DRIVE JUPITER, FL 33458 US	
2. Principal Place of Business		3. Mailing Address Prime Management	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State 400 Toney Penna Dr, Jupiter	
Zip	Country	Zip	Country
		33458	Palm Beach
4. FEI Number 59-2545340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROOKS, BARBARA 400 TONEY PENNA DRIVE JUPITER, FL 33458		Name: <u>Natalie Chin-Lenn</u> Street Address (P.O. Box Number is Not Acceptable): <u>2300 Palm Beach Lakes Blvd #308</u> City: <u>West Palm Beach</u> FL Zip Code: <u>33469</u>	
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: <u>7/12/06</u>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V	TITLE	Secretary
NAME	MCLAUGHLIN, ROBERT D	NAME	Levesque, AL
STREET ADDRESS	200 WATERWAY RD. #308	STREET ADDRESS	200 Waterway Rd #204
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	Tequesta, FL 33469
TITLE	2NDV	TITLE	
NAME	ZIMMERMAN, HERMAN	NAME	
STREET ADDRESS	200 WATERWAY RD. #207	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	CURTIN, JIM	NAME	
STREET ADDRESS	200 WATERWAY RD. #205	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	BUONADONNA, TONY	NAME	
STREET ADDRESS	200 WATERWAY RD. #110	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33469	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE: <u>7/17/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	