

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05614

FILED
Feb 24, 2009
Secretary of State

Entity Name: TEQUESTA COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 WATERWAY RD.
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

PRIME MANAGEMENT
2074 W. INDIANTOWN RD #200
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 59-2545340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN-LENN, NATALIE
2300 PALM BEACH POLKS BLVD #308
WEST PALM BEACH, FL 33469 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MCLAUGHLIN, ROBERT D
Address: 200 WATERWAY RD. #308
City-St-Zip: TEQUESTA, FL 33469

Title: 2VD () Delete
Name: ISAACSON, NORMAN
Address: 200 WATERWAY RD #104
City-St-Zip: JUPITER, FL 33469

Title: P () Delete
Name: CURTIN, JIM
Address: 200 WATERWAY RD. #205
City-St-Zip: TEQUESTA, FL 33469

Title: T () Delete
Name: BUONADONNA, TONY
Address: 200 WATERWAY RD. #110
City-St-Zip: JUPITER, FL 33469

Title: S () Delete
Name: LEVESQUE, AL
Address: 200 WATERWAY RD # 204
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: MARINO, LOU
Address: 200 WATERWAY RD #303
City-St-Zip: JUPITER, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEVESQUE, AL
Address: 200 WATERWAY RD # 204
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM CURTIN

P

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date