


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90047 032 \*\*\*\*61.25

**DOCUMENT # N25432**

1. Entity Name  
 TEQUESTA MAINTENANCE ASSOCIATION, INC.



Principal Place of Business  
 2950 NORTH 28 TERR.  
 HOLLYWOOD, FL 33020

Mailing Address  
 2950 NORTH 28 TERR.  
 HOLLYWOOD, FL 33020

**40012725**



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

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

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0087697

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
~~KREILING, EDWARD P ESQ.  
 2500 WESTON RD - STE 220  
 WESTON, FL 33331~~

7. Name and Address of New Registered Agent  
 Name: Bakalar & Eichner, P.A.  
 Street Address (P.O. Box Number is Not Acceptable):  
 150 South Pine Island Rd.  
 #540  
 City: Plantation FL Zip Code: 33324

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: Paul Eichner PAUL EICHNER  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMOLEY, RENEE 1032 PINE BRANCH DR. FT. LAUDERDALE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARKE, PAM 1215 MANOR CT WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, ZELDA 1082 CARSHFORD DR WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRANZ, GAIL 1102 GALKFORD DRIVE FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVER, MIKE 1246 JASIMINE CIRCLE FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mike Good 1046 Pinebranch Dr. Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph Buczyner 1002 Trailmore Ln. Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Benjamin B. Whitehead 1003 Trailmore Ln. Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mercedes Henriksson 1039 Creekford Dr. Weston, FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**RECEIVED**  
 JAN 14 2005  
 BY: \_\_\_\_\_

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 another like empowered.


SIGNATURE: Renée Smoley Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

761901

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# ATTACHMENT

<b>DOCUMENT # N25432</b> 1. Entity Name TEQUESTA MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 2950 NORTH 28 TERR. HOLLYWOOD, FL 33020			Mailing Address 2950 NORTH 28 TERR. HOLLYWOOD, FL 33020		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0087697	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> KREILING, EDWARD P ESQ. 2500 WESTON RD - STE 220 WESTON, FL 33331			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOLEY, RENEE 1032 PINE BRANCH DR. FT. LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mike Good 1066 Pinebranch Dr. Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARKE, PAM 1215 MANOR CT WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph Buczyner 1002 Trailmore Ln. Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, ZELDA 1082 CARSHFORD DR WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Richard Whitehead 1008 Trailmore Ln. Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRANZ, GAIL 1102 GALKFORD DRIVE FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mercedes Henriksson 1039 Creekford Dr. Weston, FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVER, MIKE 1246 JASIMINE CIRCLE FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Renee Smoley</i> 1032 Pinebranch Dr Weston, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

H0012725

