FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

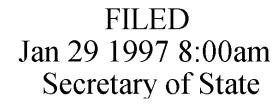
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(3)

TEQUESTA PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address





395-399 TEQUESTA DRIVE TEQUESTA FL 33469				395-399 TEQUESTA DRIVE TEQUESTA FL 33469-3053							
							3. Date Incorporat 09/30/19		3a. Date of Last 01/25/19	Report 996	
2. Principal Place of Business				2a. Mailing Address			4. FEI Number	4. FEI Number Applied For		Applied For	
21			26	26			65-01849	65-0184936 Not Applicable		lot Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Sta	5. Certificate of Status Desired See Required Fee Required			
City & State			Ci	City & State			6. Election Campa	6. Election Campaign Financing \$5.00 May Be			
23			28	28			Trust Fund Contribution Added to Fees				
Zip		Country	Zij	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,					
24	9. Name and Address of Current I				30		Florida Statutes Yes Yo				
	9, Name and	d Address of Co	urrent Hegistere	ed Agent	-	10. Name and Address of New Registered Agent 81 Name					
					6	Name					
SAVEL, ROBERT P				82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
395 A TEQUESTA DR											
TEQUESTA FL 33469				83					1		
				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.										its registered s registered	
SIGNATURE _	Signature, typed or p	 rinled name of registor	ed agent and litte if ap	plicable (NOT	E Registered A	gent signature	a required when reinstating)		DATE		
12.		OFFICER:	S AND DIRECTO		13.			NGES TO OFFIC	ERS AND DIRECTO	PRS IN 12	
TITLE	PD			DELETE	1.1 TITLE		PD	-	Change	Addition	
NAME	STEINHOUG	SER; RUDY-			1.2 NAME		OENBRINK	KAYW O	עי	1	
STREET ADDRESS	395-399 TE	Questa dr.				T ADDRESS	OENBRINK, RAYMOND 395-399 TEQUEST 2 DY				
CITY-ST-ZIP	TEQUESTA	, FL 0	33469		1.4 CITY-	ST-ZIP	TEQUESTA	-FL	33461		
TITLE	9			DELETE	21 TITLE				☐ Change	Addition (
NAME	LINDAHL, C.D.			2.2 N							
STREET ADDRESS	395-399 TEQUESTA DR.			2.3 \$1		T ADDRESS					
CITY-ST-ZIP	TEQUESTA	FL	33469		2. 4 CITY	-ST-ZIP					
TITLE	STD	******	,	DELETE	3.1 TITLE			-	☐ Change	Addition	
NAME	SAVEL, RO				3.2 NAME				-		
STREET ADDRESS		Questa dr.	271115	_	3.3 STREE	T ADDRESS					
CITY-ST-ZIP	TEQUESTA		2276		3 4. CITY	ST-ZIP					
TITLE	DENI	3RINK.	-R-0-	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME	O c		.(. 0		4. 2 NAM						
STREET ADDRESS					4.3 STREE	T ADDRESS					
CITY-ST-ZIP					4.4 CITY-	ST-ZIP	<u> </u>				
TITLE				☐ DELETE	5.1 TITLE	i			☐ Change	☐ Addition	
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREE	T ADDRESS					
CITY-ST-ZIP					5.4 CITY-	ST-ZIP					
TITLE				☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME					6.2 NAME						
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP		7-6-	Control of the state of	20 10 10	6.4 CITY	ST-ZIP	1-1-1	First Order	17 17 17		

Industries 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.

SIGNATURE:

La Dewol (Inhert

ve/ 1/14/97

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