


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N28659

1. Entity Name
 TEQUESTA PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 395-399 TEQUESTA DRIVE
 TEQUESTA, FL 33469

Mailing Address
 395-399 TEQUESTA DRIVE
 TEQUESTA, FL 33469



01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 65-0184936

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SAVEL, ROBERT P
 395 A TEQUESTA DR
 TEQUESTA, FL 33469

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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BRODNEY, JOHN
STREET ADDRESS	395-399 TEQUESTA DR.
CITY-ST-ZIP	TEQUESTA, FL
TITLE	STD
NAME	SAVEL, ROBERT
STREET ADDRESS	395-399 TEQUESTA DR.
CITY-ST-ZIP	TEQUESTA, FL
TITLE	PD
NAME	OENBRINK, RAYMOND
STREET ADDRESS	395-399 TEQUESTA DR
CITY-ST-ZIP	TEQUESTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000384346
 01/17/06-80008-025 61.25

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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 Robert P. Savel 1/7/06 N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #