


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 027 ****61.25

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
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	4. FEI Number 65-0184936
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SAVEL, ROBERT P 395 A TEQUESTA DR TEQUESTA FL 33469		7. Name and Address of New Registered Agent Name MARY KATZ % NAPJC Street Address (P.O. Box Number is Not Acceptable) 399 TEQUESTA DR SUITE 101 City TEQUESTA, FL Zip Code 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 *Mary Katz* DATE 2-8-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VDS <input type="checkbox"/> Delete	TITLE	BRODNER, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODNER, JOHN	NAME	
STREET ADDRESS	395-399 TEQUESTA DR.	STREET ADDRESS	
CITY-STATE-ZIP	TEQUESTA FL	CITY-STATE-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVEL, ROBERT	NAME	
STREET ADDRESS	395-399 TEQUESTA DR.	STREET ADDRESS	
CITY-STATE-ZIP	TEQUESTA FL	CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OENBRINK, RAYMOND	NAME	
STREET ADDRESS	395-399 TEQUESTA DR	STREET ADDRESS	
CITY-STATE-ZIP	TEQUESTA FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary Katz* DATE 2-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #