

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90113 011 \*\*\*\*61.25

**DOCUMENT # N95000002957**

1. Entity Name  
**ONE TEQUESTA POINT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**888 BRICKELL KEY DRIVE  
MIAMI, FL 33131**

Mailing Address  
**888 BRICKELL KEY DRIVE  
MIAMI, FL 33131**

40043001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0592929**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGEL, DAVID  
5201 BLUE LAGOON DR  
SUITE 100  
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **DIEGUEZ, JOSE**  
STREET ADDRESS **888 BRICKELL KEY DR #2203**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **CANAS, OSCAR**  
STREET ADDRESS **BRICKELL KEY DRIVE #1109**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **ARCHER, EDMOND**  
STREET ADDRESS **888 BRICKELL KEY DR #1910**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GETTIS, GRETCHEN**  
STREET ADDRESS **888 BRICKELL KEY DR #1000**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VP** ☒ Change ☐ Addition  
NAME **GETTIS, GRETCHEN**  
STREET ADDRESS **888 BRICKELL KEY DR. #1000**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VPD** ☒ Delete  
NAME **LEAL, LEANDRO**  
STREET ADDRESS **888 BRICKELL KEY DR #1202**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **LUCIANO, ERLYN**  
STREET ADDRESS **888 BRICKELL KEY DR. #2012**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **KONSER, GLORIA**  
STREET ADDRESS **888 BRICKELL KEY DR. 3007**  
CITY-ST-ZIP **MIAMI FL 33131**

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 attached sheet with an address, with all other like empowered.

SIGNATURE:

**JOSE DIEGUEZ, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/06

Date

(305) 358-8850

Daytime Phone #