


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90031 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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0592929	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGEL, DAVID 5201 BLUE LAGOON DR SUITE 100 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE: P NAME: DIEGUEZ, JOSE STREET ADDRESS: 888 BRICKELL KEY DR #2203 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: BLAKE, STANFORD STREET ADDRESS: 888 BRICKELL KEY DR # 1000 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: DT NAME: CANAS, OSCAR STREET ADDRESS: BRICKELL KEY DRIVE #1109 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VP NAME: GETTIS, GRETCHEN STREET ADDRESS: 888 BRICKELL KEY DR #1000 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: KONSLER, GLORIA STREET ADDRESS: 888 BRICKELL KEY DR # 3007 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: S NAME: LUCIANO, ERLYN STREET ADDRESS: 888 BRICKELL KEY DR #2012 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: SECRETARY NAME: ANGLISE, KURT STREET ADDRESS: 888 BRICKELL KEY DR # 2702 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: D NAME: KONSLER, GLORIA STREET ADDRESS: 888 BRICKELL KEY DR #3007 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: LUCIANO, ERLYN STREET ADDRESS: 888 BRICKELL KEY DR # 2012 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input 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 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: <u><i>Gloria Konsler</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GLORIA KONSLER		Date: <u>2/25/08</u>		Daytime Phone #: <u>305-358-9807</u>	