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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000004409 (6) DOCUMENT #

TEQUESTA COMMUNITY PRESERVATION ASSOCIATION, INC.

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Principal Place of Business Mailing Address			ing Address					IEIIN DIIIN DIIIN EBII		1 0	
262 TEQUESTA CIRCLE TEQUESTA FL 33469			262 TEQUESTA CIRCLE TEQUESTA FL 33469-2040					<u> </u>	-1	, .	
						_ [3. Date Incorpora 08/20/19	ted or Qualified)96	3a. D	ate of Last F	Report
2. Principal P	lace of Business	2a, N	Mailing Address	-,- 			4. FEI Number			VA	pplied For
21		26					•				ot Applicable
Suite, Apt.		27	Suite, Apt. #, etc.				5. Certificate of St	atus Desired			Additional equired
City & State	е	28	City & State				6. Election Campa Trust Fund Con				May Be to Fees
Zip 24	Country 25	29	?ip	Со. 30	ntry		8. This corporation Florida Statutes	•		tax under s	. 199.032,
	9. Name and Address of		red Agent				10. Name and Add				
					81 Name)					
AUGUST 262 TEG	re, gail Duesta circle				82 Street	Address	(P.O. Box Number	r is Not Accepta	able)		
	STA FL 33489				83			· · · · · · · · · · · · · · · · · · ·			
					84 City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 6 egistered agont, or both, in th im familiar with, and accept the	317.0502 and 617	1508, Florida Sta	tutes, the a	ove-name	d corpore	ition submits this st	atement for the	purpose o	changing i	ts registered
agent. I a	egistered agent, or both, in the implementation in the implementation in the implementation and accept the implementation in the imp	e obligations of, S	Such change wa Section 617.0503,	is authorize Florid <u>a</u> Sta	o by the cor utes.	rporation	's board of director	s. I nereby acc	ept the ap	contment as	registered
	au Cucto l	1 - 1 - 1	C 1	(7)	Λ Λ Λ						
SIGNATURE .	11 NO 4015 10		Kectok		C-04/5	17 X 6					
	Signature, typed or printed name of regis	stered agent and little if a	applicable (N		Agent signatur	re required v	when reinstating)	WOES TO SEE	DATE	S SUBFOTOR	DO 181 40
12.	OFFICE		applicable. (N ORS	13.		D SHR re required v	when reinstating) ADDITIONS/CHA	NGES TO OFF			
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14. I do hereby certify that 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.

561-746-398

FILED

Feb 18 1997 8:00am

Secretary of State