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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000004409 (6)**

1. Corporation Name

TEQUESTA COMMUNITY PRESERVATION ASSOCIATION, INC

Principal Place of Business

Mailing Address

**262 TEQUESTA CIRCLE
TEQUESTA FL 33469****262 TEQUESTA CIRCLE
TEQUESTA FL 33469-2040**

3. Date Incorporated or Qualified

08/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUGUSTE, GAIL
262 TEQUESTA CIRCLE
TEQUESTA FL 33469**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

AUGUSTE, GAIL Director**Gail Auguste**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AUGUSTE, GAIL	
STREET ADDRESS	262 TEQUESTA CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sims, Joseph R	
1.3 STREET ADDRESS	302 Country Club Drive	
1.4 CITY-ST-ZIP	Tequesta, Fla 33469	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JOAN	
STREET ADDRESS	343 COUNTRY CLUB DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hartley, Charles	
2.3 STREET ADDRESS	279 Country Club Drive	
2.4 CITY-ST-ZIP	Tequesta, Fla 33469	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINESILVER, GILBERT	
STREET ADDRESS	3 TRADEWINDS CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469	

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lee Eftychiou	
3.3 STREET ADDRESS	4908 Windward,	
3.4 CITY-ST-ZIP	Tequesta, Fla 33469	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

GAIL AUGUSTE REQUIRED

Date

Daytime Phone # **561-746-3981**

CR2E037 (9/96)