

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90098 002 \*\*\*\*61.25

DOCUMENT # N96000004409

1. Corporation Name

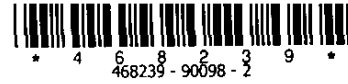
TEQUESTA COMMUNITY PRESERVATION ASSOCIATION, INC

Principal Place of Business

262 TEQUESTA CIRCLE  
TEQUESTA FL 33469

Mailing Address

262 TEQUESTA CIRCLE  
TEQUESTA FL 33469



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

65-0727049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME AUGUSTE, GAIL  
STREET ADDRESS 262 TEQUESTA CIRCLE  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ DELETE  
NAME SIMS, JOSEPH R.  
STREET ADDRESS 302 COUNTRY CLUB DRIVE  
CITY-ST-ZIP TEQUESTA FL

TITLE D ☒ DELETE  
NAME FINESILVER, GILBERT  
STREET ADDRESS 3 TRADEWINDS CIRCLE  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE VP ☐ DELETE  
NAME BLAUVELT, WANDA  
STREET ADDRESS 83 GOLFVIEW DRIVE  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ DELETE  
NAME EFTHYVOULOU, LEE  
STREET ADDRESS 4948 WINDWARD  
CITY-ST-ZIP TEQUESTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)