## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Addition

Change

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

TITLE

STREET ADDRESS

CITY-ST-ZIP

N96000004864 (2)

TEQUESTA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 4500 PGA BOULEVARD #400 4500 PGA BOULEVARD #400 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3965 Date Incorporated or Qualified 09/19/1996 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0700479 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, Yes 📈 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HATHWAY, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 4500 PGA BOULEVARD #400 83 PALM BEACH GARDENS FL 33418 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. 13. Change Addition VD DELETE 1.1 TITLE TITLE KAIRALLA, ROBERT S NAME 1.2 NAME **CR2E037** 4500 PGA BOULEVARD #400 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE HATHAWAY, CHARLES H NAME 2.2 NAME 4500 PGA BOULEVARD #400 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE SHANNON, WILLIAM E 3.2 NAME NAME 4500 PGA BOULEVARD #400 STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 3.4. CITY-ST-ZIP City-St-ZiP DELETE Addition Channe 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7iP 4.4 CiTY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE CHARLES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANE TO THE BIOLOGY OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANE TO THE BOOK TO THE SIGNIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANE TO THE BOOK TO

14. Ido 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

6.1 TITLE

6.2 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP

DELETE