

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90056 021 \*\*\*\*61.25

DOCUMENT # **N9600000486A**  
 1. Entity Name  
**Tequesta Oaks H.O.A.** ✓

Principal Place of Business Mailing Address  
**225 N. A14 C-110**  
**Jupiter 71 33477**

00048460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **45-0700479**  
 Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael PASSARO Pres</b> <input type="checkbox"/> Delete <b>66 Tall OAKS Circle</b> <b>Tequesta 71 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RONARD POIRIEL VP</b> <input type="checkbox"/> Delete <b>35 Laurel OAKS Cir</b> <b>Tequesta 71 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tom Rommack TNA</b> <input type="checkbox"/> Delete <b>75 TALL OAKS Circle</b> <b>Tequesta 71 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rebecca PROLIO, Sec</b> <input type="checkbox"/> Delete <b>82 TALL OAKS Circle</b> <b>Tequesta 71 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Joe Verone Dir</b> <input type="checkbox"/> Delete <b>14 OAKLEAF Cir</b> <b>Tequesta 71 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: **X Donald A. Coirer**

CR2F037 (9/99)