


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 003 ****61.25

DOCUMENT # N96000004864

1. Entity Name
TEQUESTA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
40 TEQUESTA OAKS DR
TEQUESTA, FL 33469 US

Mailing Address
400 TONEY PENNA DR
JUPITER, FL 33458 US



2. Principal Place of Business
C/O CAPITAL REALTY ADVISORS

3. Mailing Address
C/O CAPITAL REALTY ADVISORS, INC

Suite, Apt. #, etc.
600 SANDTREE DR SUITE 109

City & State
Palm Beach Gardens, FL

City & State
P.B.G. FL

Zip
33403

Country
Palm Beach

Zip
33403

Country
Palm Beach

04142005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0700479

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DICKINSON MANAGMENT, INC
400 TONEY PENNA DR
JUPITER, FL 33458

7. Name and Address of New Registered Agent
 Name
McDonald, Donna
 Street Address (P.O. Box Number is Not Acceptable)
C/O Capital Realty Advisor, Inc
600 Sandtree Dr., Suite 109
 City
P.B.G. **FL** Zip Code
33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donna McDonald* DATE *4-28-05*

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

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	HINTON, MARY 12 OAKLAND COURT TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE TO	Turnquest, Calvin 10 Tall Oaks Cir. Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	PRIOLO, REBECCA 82 TALL OAKS CIRCLE TEQUESTA, FL 334699	<input type="checkbox"/> Delete	TITLE P	Priolo, Rebecca 82 Tall Oaks Cir Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	ELLIOTT, BILL 45 LAUREL OAKS CIRCLE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE Dir	Ogden, Wayne 24 Oakland Ct Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	URAM, JULIE 58 TALL OAKS CIRCLE JUPITER, FL 33469	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	POIRIER, RON 35 LAUREL OAKS CIRCLE TEQUESTA, FL 33469	<input type="checkbox"/> Delete	TITLE VP	Poirier, Ron 35 Laurel Oaks Circle Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<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)(l), 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: *Rebecca Priolo President* DATE: *4-27-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #