

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90383 045 ****61.25

DOCUMENT # N96000004864

1. Entity Name
TEQUESTA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O CAPITAL REALTY HOVISORS
600 SANDTREE DR. SUITE 109
WEST PALM BEACH, FL 33403 US**

Mailing Address
**C/O CAPITAL REALTY HOVISORS
600 SANDTREE DR. SUITE 109
WEST PALM BEACH, FL 33403 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**MCDONALD, DONNA
600 SANDTREE DR.
SUITE 109
WEST PALM BEACH, FL 33403**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **TD** ☐ Delete
NAME **TURNQUEST, CALVIN**
STREET ADDRESS **100 TALL OAKS CIR**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **VP** ☒ Change ☐ Addition
NAME **KALVIN TURNQUEST**
STREET ADDRESS **100 TALL OAKS CIR**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **P** ☒ Delete
NAME **PRIOLE, REBECCA**
STREET ADDRESS **82 TALL OAKS CIR**
CITY-ST-ZIP **JUPITER, FL 33469**

TITLE **(P)** ☐ Change ☒ Addition
NAME **MARY HINTON**
STREET ADDRESS **12 OAKLAND CT.**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **D** ☐ Delete
NAME **OGOEN, WAYNE**
STREET ADDRESS **24 OAKLAND CT**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **URAM, JULIE**
STREET ADDRESS **58 TALL OAKS CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33469**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **POFRIER, RON**
STREET ADDRESS **35 LAUREL OAKS CIRCLE**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **JIM KAHMANN**
STREET ADDRESS **24 LAUREL OAKS CIR**
CITY-ST-ZIP **TEQUESTA, FL 33469**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/06