


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90015 007 ****61.25

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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 - No P.O. Box #
 CAPITAL REALTY ADVISORS

3. Mailing Address
 CAPITAL REALTY ADVISORS

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

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

SIGNATURE _____ DATE _____

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, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TURNQUEST, CALVIN	
STREET ADDRESS	100 TALL OAKS CIR	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	P	<input type="checkbox"/> Delete
NAME	HINTON, MARY	
STREET ADDRESS	12 OAKLAND CT	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	T	<input type="checkbox"/> Delete
NAME	TERZAKIS, JOHN	
STREET ADDRESS	6 TALL OAKS CIRCLE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRIOLO, REBECCA	
STREET ADDRESS	82 TALL OAKS CIRCLE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAHMANN, JIM	
STREET ADDRESS	24 LAUREL OAKS CIR	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  3-24-08 561-624-5888

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

4000001



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4. FEI Number 65-0700479 Applied For Not Applicable

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