

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90016 030 ****61.25

DOCUMENT # N98000006679

1. Entity Name

TEQUESTA POINT AT BRICKELL KEY HOMEOWNERS' ASSOC

Not

Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE #600
 MIAMI FL 33131

501 BRICKELL KEY DRIVE #600
 MIAMI FL 33131-2608

2. Principal Place of Business

Mailing Address

808 Brickell Key Dr #503
 Suite, Apt. #, etc. #503

808 Brickell Key Dr #503
 Suite, Apt. #, etc. #503

City, State Miami, FL

City, State Miami, FL

Zip 33131 Country USA

Zip 33131 Country USA

VI
IN
PI
AK
AI
AE
VI

PROP. MGR
 ACCOUNTING
 CHECK #



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877399

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

TOLAND, GREGG
 501 BRICKELL KEY DRIVE #600
 MIAMI FL 33131

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, STEPHEN L 501 BRICKELL KEY DRIVE #600 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD J. MEGAN KELLY 501 BRICKELL KEY DRIVE #600 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOLAND, GREGG 501 BRICKELL KEY DRIVE #600 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Stephen L Owens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/10/2000 Daytime Phone #: 305-755-3165

CR2E037 (9/99)