


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006679
 1. Entity Name
TEQUESTA POINT AT BRICKELL KEY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 808 BRICKELL KEY DR #503 MIAMI, FL 33131	Mailing Address 808 BRICKELL KEY DR #503 MIAMI, FL 33131
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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0877399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TOLAND, GREGG
 501 BRICKELL KEY DRIVE #600
 MIAMI, FL 33131

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

Filing Fee is \$61.25
Due by May 1, 2004

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

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 02/18/04-80014-004 61 25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. OWENS, STEPHEN L 501 BRICKELL KEY DRIVE #600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLAN, BRUCE 800 BRICKELL KEY DRIVE #1501 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOLAND, GREGG 501 BRICKELL KEY DRIVE #600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: ASM 2.12.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #