


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 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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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 re-registering) 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

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/16/06-80030-005 61.25

DO NOT WRITE IN THIS SPACE

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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/10/06** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #