

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000060443 (4)**

1. Corporation Name  
**TEQUESTA OAKS DEVELOPMENT COMPANY**



Principal Place of Business  
**4500 PGA BOULEVARD #400  
 PALM BEACH GARDENS FL 33418**

Mailing Address  
**4500 PGA BOULEVARD #400  
 PALM BEACH GARDENS FL 33418-3965**

3. Date Incorporated or Qualified  
**07/18/1996**

3a. Date of Last Report

4. FEI Number  
**65-0685094**

Applied For  
 Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 29 30 Zip Country

9. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B  
 4500 PGA BOULEVARD #400  
 PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D DIVOSTA, OTTO B**

STREET ADDRESS **4500 PGA BOULEVARD #400**

CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE  DELETE

NAME **P Kairalla, Robert S.**

STREET ADDRESS **4500 PGA Boulevard, Suite 400**

CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE  DELETE

NAME **VP Shannon, William E.**

STREET ADDRESS **4500 PGA Boulevard, Suite 400**

CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE  DELETE

NAME **VP/S/T Owen, Jack B. Jr.**

STREET ADDRESS **4500 PGA Boulevard, Suite 400**

CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Robert S. Kairalla* Robert S. Kairalla (561) 627-2112

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

CR2E034 (9/96)