

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 01 1997 8:00am
Secretary of State

DOCUMENT # 710297 (3)

1. Corporation Name

TIARA EAST CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

333 NORTH OCEAN BLVD
DEERFIELD BEACH FL 33441

333 NORTH OCEAN BLVD
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1966

3a. Date of Last Report

04/08/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-1119740

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIPLEY, CHARLES D
333 N. OCEAN BLVD.
APT. #208
DEERFIELD BEACH FL 33441

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME REINHART, EDWARD
STREET ADDRESS 333 N OCEAN BLVD., #1120
CITY-ST-ZIP DEERFIELD BCH FL 33441

TITLE PD
NAME PRINCIOTTA, FRED A
STREET ADDRESS 333 N OCEAN BLVD., #1202
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ASD
NAME RUEL, EDWARD J SR.
STREET ADDRESS 333 N. OCEAN BLVD. #910
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE TD
NAME ROBERTS, BRUCE
STREET ADDRESS 333 N. OCEAN BLVD., #1108
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE SD
NAME TEST, FREDERICK
STREET ADDRESS 333 N. OCEAN BLVD. #1606
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33441

3.1 TITLE ASST. SEC. DIR.
3.2 NAME JOHN W. COMBS
3.3 STREET ADDRESS 333 N. OCEAN BLVD. # 220
3.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SEC. DIR.
5.2 NAME JACK BENNIS
5.3 STREET ADDRESS 333 N. OCEAN BLVD. # 206
5.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7-22-97

954-421-2544

CR2E037 (4/97)