

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710297 (3)

1. Corporation Name

TIARA EAST CONDOMINIUM, INC.



Principal Place of Business 333 NORTH OCEAN BLVD DEERFIELD BEACH FL 33441	Mailing Address 333 NORTH OCEAN BLVD DEERFIELD BEACH FL 33441
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3. Date Incorporated or Qualified 02/03/1966

4. FEI Number 59-1119740	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SHIPLEY, CHARLES D 333 N. OCEAN BLVD. APT. #208 DEERFIELD BEACH FL 33441
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10. Name and Address of New Registered Agent 81 Name DAVID L. BESWICK 82 Street Address (P.O. Box Number is Not Acceptable) 333 N. OCEAN BLVD. 83 APT 208 84 City DEERFIELD BEACH FL 85 Zip Code 33441
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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: *David L. Beswick* DAVID L. BESWICK RA. MAR. 3/17/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	REINHART, EDWARD	1.2 NAME	BARRY GORSON
STREET ADDRESS	333 N OCEAN BLVD., #1120	1.3 STREET ADDRESS	333 N. OCEAN BLVD # 1410
CITY-ST-ZIP	DEERFIELD BCH FL 33441	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	PD	2.1 TITLE	ASD
NAME	PRINCIOTTA, FRED A	2.2 NAME	Thema Hurst
STREET ADDRESS	333 N OCEAN BLVD., #1202	2.3 STREET ADDRESS	333 N. OCEAN BLVD # 310
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	ASD	3.1 TITLE	
NAME	COMBS, JOHN W	3.2 NAME	
STREET ADDRESS	333 N OCEAN BLVD #220	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ROBERTS, BRUCE	4.2 NAME	
STREET ADDRESS	333 N. OCEAN BLVD., #1108	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	BENNIS, JACK	5.2 NAME	
STREET ADDRESS	333 N OCEAN BLVD #208	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	JOHN OATMAN	6.2 NAME	
STREET ADDRESS	333 N. OCEAN BLVD # 1818	6.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33441	6.4 CITY-ST-ZIP	

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARRY GORSON	
1.3 STREET ADDRESS	333 N. OCEAN BLVD # 1410	
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
2.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thema Hurst	
2.3 STREET ADDRESS	333 N. OCEAN BLVD # 310	
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Jack Bennis* JACK BENNIS 3-18-98 954-481-2204

CR2E037 (10/97)