


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90209 013 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710297**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/03/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1119740
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
30		

9. Name and Address of Current Registered Agent

**BESWICK, DAVID L.**  
333 N. OCEAN BLVD.  
APT. #208  
DEERFIELD BEACH FL 33441

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 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 Jan 13, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORSON, BARRY	1.2 NAME	
STREET ADDRESS	333 N. OCEAN BLVD #1410	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCIOTTA, FRED A	2.2 NAME	
STREET ADDRESS	333 N OCEAN BLVD., #1202	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, THELMA	3.2 NAME	
STREET ADDRESS	333 N. OCEAN BLVD #310	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTMAN, JOHN	4.2 NAME	
STREET ADDRESS	333 N. OCEAN BLVD #1818	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNIS, JACK	5.2 NAME	
STREET ADDRESS	333 N OCEAN BLVD #206	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD REINHART	6.2 NAME	
STREET ADDRESS	333 N. OCEAN BLVD. # 1120	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL.	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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 954-421-2544

CR2E037 (11/98)