

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 040 ****61.25

DOCUMENT # 710297

1. Entity 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

40041911



2. Principal Place of Business - No P.O. Box #
333 N. Ocean Blvd

3. Mailing Address
333 N. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007 Chg-NP CR2E037 (12/06)

City & State
Deerfield Bch FL

City & State
Deerfield Bch, FL

4. FEI Number
59-1119740

Applied For
Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOW, EVELYN
333 N. OCEAN BLVD, #1506
DEERFIELD BEACH, FL 33441

Name
AKAM ON-SITE

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

6421 Congress Ave, Ste 110

City
Boca Raton

FL

Zip Code
33487

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 *Carolyn J.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORSUN, BARRY	
STREET ADDRESS	333 N. OCEAN BLVD #1810	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLOW, EVELYN	
STREET ADDRESS	333 N OCEAN BLVD.# 1506	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SILVERMAN, FRANK	
STREET ADDRESS	333 N. OCEAN BLVD #1806	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERT, WILZMAN	
STREET ADDRESS	333 N. OCEAN BLVD #1604	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'MALLEY, CHARLES	
STREET ADDRESS	333 N OCEAN BLVD #1800	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Silverman	
STREET ADDRESS	333 N. Ocean Blvd	
CITY-ST-ZIP	Deerfield Bch, FL 33441	
TITLE	1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Wilzman	
STREET ADDRESS	333 N. Ocean Blvd	
CITY-ST-ZIP	Deerfield Bch, FL 33441	
TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY GORSUN	
STREET ADDRESS	333 N. Ocean Blvd	
CITY-ST-ZIP	Deerfield Bch, FL 33441	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles O'Malley	
STREET ADDRESS	333 N. Ocean Blvd	
CITY-ST-ZIP	Deerfield Bch, FL 33441	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Blow	
STREET ADDRESS	333 N. Ocean Blvd	
CITY-ST-ZIP	Deerfield Bch, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Frank Silverman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07

Date

Daytime Phone #