


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|--|--|--|--|--|--|--|
| DOCUMENT # 710297 1. Entity Name TIARA EAST CONDOMINIUM, INC. | | | |  | | FILED 08 SEP -2 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent ONSITE, AKAM 6421 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GORSUN, BARRY 333 N. OCEAN BLVD #1810 DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Robert Wilzman 333 N. Ocean Blvd Deerfield Beach FL 33441 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BLOW, EVELYN 333 N OCEAN BLVD.# 1506 DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1st VP Michael Tierney 333 N. Ocean Blvd Deerfield Beach FL 33441 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T O'MALLEY, CHARLES 333 N. OCEAN BLVD #1806 DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2nd VP Frank Silverman 333 N. Ocean Blvd Deerfield Beach, FL 33441 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BLOW, ELEVEN 333 N. OCEAN BLVD #1604 DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Phillip Gacicia 333 N. Ocean Blvd Deerfield Beach FL 33441 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SILVERMAN, FRANK 333 N OCEAN BLVD #1800 DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Donald Berkman 333 N. Ocean Blvd Deerfield Beach, FL 33441 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800135602998 09/03/08--01026--017 **\$61.25 | | | |
| 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: <i>Phillip Gacicia</i> | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |
| <small>Date Daytime Phone #</small> | | | | | | | |

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