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Feb 23 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 # 724113 (6)

1. Corporation Name
TIERRA DEL SOL CONDOMINIUM, INC.



Principal Place of Business 250 N E 20TH STREET ATTN: PRESIDENT BOCA RATON FL 33431	Mailing Address 250 N E 20TH STREET ATTN: PRESIDENT BOCA RATON FL 33431
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3. Date Incorporated or Qualified 08/11/1972	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1578891		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BURG, LEE H. E
BECKER & POLIAKOFF PA
450 AUSTRALIAN AVENUE, 7TH FLOOR
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME LANDRY, GOERGE L	
STREET ADDRESS 250 N.E. 20TH ST., APT. 115	
CITY-ST-ZIP BOCA RATON FL	
TITLE TR	<input checked="" type="checkbox"/> DELETE
NAME GAUDINO, JACK	
STREET ADDRESS 250 NE 20TH ST APT. 210	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE SD	<input type="checkbox"/> DELETE
NAME HOFMANN, LUCILLE	
STREET ADDRESS 250 N.E. 20TH ST., APT. 404	
CITY-ST-ZIP BOCA RATON FL	
TITLE FVP	<input checked="" type="checkbox"/> DELETE
NAME HERTZOG/JOHN	
STREET ADDRESS 250 N.E. 20TH ST., APT. 204	
CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRES. DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JACOB GAUDINO	
1.3 STREET ADDRESS 250 NE 20th STREET, APT 210	
1.4 CITY-ST-ZIP BOCA RATON FL 33431	
2.1 TITLE TREAS. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME WILLIAM RUS	
2.3 STREET ADDRESS 250 NE 20th STREET, APT 125	
2.4 CITY-ST-ZIP BOCA RATON FL 33431	
3.1 TITLE SEC. DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME LUCILLE HOFMANN	
3.3 STREET ADDRESS 250 NE 20th STREET, APT 404	
3.4 CITY-ST-ZIP BOCA RATON, FL 33431	
4.1 TITLE 1st V.P. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME JAMES CLYDE	
4.3 STREET ADDRESS 250 NE 20th STREET, APT 208	
4.4 CITY-ST-ZIP BOCA RATON FL 33431	
5.1 TITLE 2nd VP DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME THEOBORA COYNE	
5.3 STREET ADDRESS 250 NE 20th STREET APT 207	
5.4 CITY-ST-ZIP BOCA RATON FL 33431	
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 _____

CR2E037 (10/97)