

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90153 039 ****61.25

DOCUMENT # 724113

1. Entity Name

TIERRA DEL SOL CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

250 N E 20TH STREET
 ATTN: PRESIDENT
 BOCA RATON FL 33431

250 N E 20TH STREET
 ATTN: PRESIDENT
 BOCA RATON FL 33431-8055

645135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1578891

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BARRETT, RITA**
 STREET ADDRESS **250 NE 20TH ST, APT 210**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PD** Change Addition
 NAME **BARRETT, RITA**
 STREET ADDRESS **250 NE 20TH ST 502**
 CITY-ST-ZIP **Boca Raton FL 33431**

TITLE **TD** Delete
 NAME **RIOS, WILLIAM**
 STREET ADDRESS **250 NE 20TH ST, APT 125**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VP** Change Addition
 NAME **FLOWERS, MARY ESTHER**
 STREET ADDRESS **250 NE 20TH ST 236**
 CITY-ST-ZIP **Boca Raton FL 33431**

TITLE **SD** Delete
 NAME **BRONSON, GEORGIA**
 STREET ADDRESS **250 N.E. 20TH ST., APT. 404**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VP** Change Addition
 NAME **BONANNO, MARIE**
 STREET ADDRESS **250 NE 20TH ST 424**
 CITY-ST-ZIP **Boca Raton FL 33431**

TITLE **VP** Delete
 NAME **BONANNO, MARIE**
 STREET ADDRESS **250 NE 20TH ST, APT 208**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SD** Change Addition
 NAME **SCHIMA, MARILYN**
 STREET ADDRESS **250 NE 20TH ST 422**
 CITY-ST-ZIP **Boca Raton FL 33431**

TITLE **VP** Delete
 NAME **FLOWERS, MARY E**
 STREET ADDRESS **250 N E 20TH STREET APT. 307**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **TD** Change Addition
 NAME **CROSBY, AMELIA**
 STREET ADDRESS **250 N.E. 20TH ST 501**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)