2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

IGNATURE AND TYPED OR

SIGNATURE:

FILED Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # 724113** 1. Entity Name TIERRA DEL SOL CONDOMINIUM, INC. 04-24-2000 90153 039 ****61.25 Principal Place of Business Mailing Address 250 N E 20TH STREET 250 N E 20TH STREET ATTN: PRESIDENT ATTN: PRESIDENT 645135 BOCA RATON FL 33431-8055 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1578891 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BURG, LEE H. E **BECKER & POLIAKOFF PA** 450 AUSTRALIAN AVENUE, 7TH FLOOR City Zip Code WEST PALM BEACH FL 33401 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete BARRETT, RITA BARRETT, RITA маме NAME 250 NE WST STREET ADDRESS 250 NE 20TH ST, APT 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boece Roton FL 33431 **BOCA RATON FL 33431** ☐ Change Addition ☐ Delete TITLE TITLE TD VΡ NAME NAME RIOS, WILLIAM FLOWERS, MARY ESTHER STREET ADDRESS STREET ADDRESS 250 NE 20TH ST. APT 125 Boca Raton Fl CITY-ST-ZIP CITY-ST-ZIE BOCA RATON FL 33431 ☐ Change Addition SD ☐ Delete TITLE TITLE VΡ BRONSON, GEORGIA NAME BONANNO, MARIE STREET ADDRESS 250 N.E. 20TH ST., APT. 404 STREET ADDRESS 424 Poea Rotor CL 33431 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Defete Change Change ☐ Addition TITLE TITLE SCHIMA, MARILYN NAME NAME BONANNO, MARIE 250 NE 20 ST . 422 STREET ADDRESS STREET ADDRESS 250 NE 20TH ST, APT 208 Boca Raton FL 35431 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 $\overline{ exttt{TD}}$ Delete TITLE 🔏 Change ☐ Addition TITLE NAME CROSBY, AMELIA FLOWERS, MARY E NAME 250 NEW ST STREET ADDRESS 501 STREET ADDRESS 250 N E 20TH STREET APT. 307 3343 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 small 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

Daytime Phone #

Date