

2002 UNIFORM BUSINESS REPORT (UBR)

2/2:

FILED
Apr 23, 2002 8:00 am
Secretary of State

02-25-2002 90084 021 ****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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON I
PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

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

1/24/02

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 SAMCC	<input type="checkbox"/> Delete
NAME	CLARK-SAMER, VICKIE	<i>VP</i>
STREET ADDRESS	250 NE 20ST UNIT 508	<i>(1)</i>
CITY-ST-ZIP	BOCA RATON FL 33432	<i>0</i>
TITLE	VPO	<input type="checkbox"/> Delete
NAME	RIOS, WILLIAM	<i>2nd VP</i>
STREET ADDRESS	250 NE 20TH ST, APT 125	<i>(2)</i>
CITY-ST-ZIP	BOCA RATON FL 33431	<i>0</i>
TITLE	2VPO	<input type="checkbox"/> Delete
NAME	LEWIS, EMMA	<i>treas</i>
STREET ADDRESS	250 NE 20ST., UNIT 405	<i>(3)</i>
CITY-ST-ZIP	BOCA RATON FL 33432	<i>0</i>
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KELTER, JANET	
STREET ADDRESS	250 NE 20ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NESS, DEBI	
STREET ADDRESS	250 NE 20ST UNIT 419	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIA, MARILYN	
STREET ADDRESS	250 NE 20TH ST 422	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley Havelka	<i>PIZZ</i>
STREET ADDRESS	250 NE 20th Street	
CITY-ST-ZIP	Unit 135 BR FL 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth J. MASCIAK	<i>Unit 105 SEC</i>
STREET ADDRESS	250 NE 20th St	
CITY-ST-ZIP	BR FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Stanley Havelka
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24/2002
 Date

Daytime Phone #