

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724113

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** TIERRA DEL SOL CONDOMINIUM, INC.

**Current Principal Place of Business:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESIDENTIAL MANAGEMENT  
PO BOX 97-0069  
BOCA RATON, FL 334970069

**New Mailing Address:**

**FEI Number:** 59-1578891      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALOMBI, GARY  
20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FORTIER, JEAN  
Address: 250 N.E. 20TH ST, APT 206 N  
City-St-Zip: BOCA RATON, FL 33431

Title: VPD  
Name: ELMER, DAN  
Address: 250 N.E. 20TH ST, # 420-S  
City-St-Zip: BOCA RATON, FL 33431

Title: S  
Name: JURZEC, LEROY  
Address: 250 N.E. 20TH STREET # 203-N  
City-St-Zip: BOCA RATON, FL 33431

Title: T  
Name: NAGLE, EDWARD  
Address: 250 NE 20TH STREET #226 S  
City-St-Zip: BOCA RATON, FL 33431

Title: D  
Name: RADOMSKI, MICHAEL  
Address: 250 NE 20TH STREET #116 E  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY PALOMBI

RA

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date