

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725524 (3)
1. Corporation Name
TIERRA DEL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O SUMMIT PROPERTY MANAGEMENT INC. P.O. BOX 189013 PLANTATION FL 33318
C/O SUMMIT PROPERTY MANAGEMENT INC. P.O. BOX 189013 PLANTATION FL 33318

3. Date Incorporated or Qualified 02/09/1973
3a. Date of Last Report 05/01/1995
4. FEI Number 59-1514455
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT, INC.
6289 WEST SUNRISE BLVD., #202
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300001847313
84 City -06/03/96--01023--03285 FL Zip Code
***\$61.25

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	JAFFEE, MARJORIE	
STREET ADDRESS	950 PONCE DE LEON, #405	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAYE, FRAN	
STREET ADDRESS	950 PONCE DE LEON, #506	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YELTON, LEONA	
STREET ADDRESS	1111 S. OCEAN BLVD., #218	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DUBIN, GY	
STREET ADDRESS	950 PONCE DE LEON, STE 206	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CONNIE	
STREET ADDRESS	950 PONCE DE LEON, #408	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, JOE	
STREET ADDRESS	950 PONCE DE LEON, STE. 505	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jane Lalceco	
1.3 STREET ADDRESS	950 Ponce de Leon Rd., #504	
1.4 CITY-ST-ZIP	Boca Raton, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Matthew Wagner	
2.3 STREET ADDRESS	950 Ponce de Leon Rd., #310	
2.4 CITY-ST-ZIP	Boca Raton, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joseph Kaplan	
3.3 STREET ADDRESS	1111 S. Ocean Blvd., #215	
3.4 CITY-ST-ZIP	Boca Raton, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ralph Stern	
4.3 STREET ADDRESS	950 Ponce de Leon Rd., #512	
4.4 CITY-ST-ZIP	Boca Raton, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Max Baskin	
5.3 STREET ADDRESS	1111 Ponce de Leon Rd., #217	
5.4 CITY-ST-ZIP	Boca Raton, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jeff Jennings	
6.3 STREET ADDRESS	1111 S. Ocean Blvd., #115	
6.4 CITY-ST-ZIP	Boca Raton, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kari Kasper SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: 755/1196

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ADDITIONAL BOARD MEMBERS
FOR
TIERRA DEL MAR CONDOMINIUM ASSOCIATION, INC.

P/D
Kay Kamper
1111 S. Ocean Blvd.
#316
Boca Raton, FL 33432