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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33318-9013

3. Date Incorporated or Qualified 02/09/1973
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 % Association Mgmt. Group, Inc. Suite, Apt. #, etc. 22 8306 Mills Drive - 668 City & State 23 MIAMI, FL Zip 24 33183	2a. Mailing Address 26 % Association Mgmt Group, Inc. Suite, Apt. #, etc. 27 8306 Mills Drive - 668 City & State 28 MIAMI FL Zip 29 33183	Country 25 USA 30 USA	4. FEI Number 59-1514455	Applied For Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 ASSOCIATION MANAGEMENT GROUP, INC 82 Street Address (P.O. Box Number is Not Acceptable) 8306 Mills Drive - #668 83 84 City MIAMI FL 85 Zip Code 33183
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Carina Kreher* CARINA KREHER, MANAGER 3-5-97
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAMPER, KAY 1111 S. OCEAN BLVD #316 BOCA RATON FL 33432	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WAGMAN, MATTHEW 950 PONCE DE LEON, #310 BOCA RATON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KAPLAN, JOSEPH 1111 S. OCEAN BLVD., #215 BOCA RATON FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERN, RALPH 950 PONCE DE LEON, STE. 512 BOCA RATON FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASKIN, MAX 1111 PONCE DE LEON RD #217 BOCA RATON FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENNINGS, JEFF 1111 S. OCEAN BLVD., #115 BOCA RATON FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: *Kay Kamper* KAY KAMPER PRESIDENT 3-5-97 (56) 391-8955
Signature and typed or printed name of signifying officer or director Date Daytime Phone # 0036789

CR2E037 (9/96)