

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725524
 1. Corporation Name
TIERRA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
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3. Date Incorporated or Qualified
02/09/1973

4. FEI Number 59-1514455	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. c/o Castle Group	2a. c/o Castle Group
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. P.O. Box 189013	27. P.O. Box 189013
City & State	City & State
23. Plantation, FL	28. Plantation, FL
Zip	Country
24. 33318	25. 33318
29. 33318	30. 33318

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

81. Name Castle Property Services Group, Inc.
82. Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Boulevard
83. Suite Suite C-100
84. City Plantation
85. Zip Code FL 33313

10. Name and Address of New Registered Agent

81. Name Castle Property Services Group, Inc.
82. Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Boulevard
83. Suite Suite C-100
84. City Plantation
85. Zip Code FL 33313

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: *Gail H. Sangunett* **Gail H. Sangunett, Vice President** **4/1/98**
(Not a Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	SD Yelton, Leona
STREET ADDRESS	1111 S. Ocean Blvd. #218
CITY-ST-ZIP	Boca Raton, FL
TITLE	<input type="checkbox"/> DELETE
NAME	D Williams, Connie
STREET ADDRESS	950 Ponce de Leon #408
CITY-ST-ZIP	Boca Raton, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	PD Fodero, Nellie
13. STREET ADDRESS	1111 S. Ocean Blvd.
14. CITY-ST-ZIP	Boca Raton, FL
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	VD Decesare, John
23. STREET ADDRESS	950 Ponce de Leon #107
24. CITY-ST-ZIP	Boca Raton, FL
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	300002496979
43. STREET ADDRESS	-04/22/98--01091--019
44. CITY-ST-ZIP	***61.25
51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	TD Wagman, Sharon
53. STREET ADDRESS	950 Ponce de Leon #310
54. CITY-ST-ZIP	Boca Raton, FL
61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	D Marquez, John
63. STREET ADDRESS	1111 S. Ocean Blvd. #124
64. CITY-ST-ZIP	Boca Raton, FL

14. I 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 any attachment with an address.

SIGNATURE: *Leona Yelton* **Leona Yelton, Sec. 4/1/98** **392-6206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)