

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90037 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725524

1. Corporation Name

TIERRA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318
 US

Mailing Address

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/09/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1514455

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTLE PROPERTY SERVICES GROUP, INC.
 4450 WEST SUNRISE BOULEVARD
 SUITE C-100
 PLANTATION FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD DELETE

NAME FODERO, NELLIE
 STREET ADDRESS 1111 S.OCEAN BLVD #316
 CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE Change Addition

TITLE VD DELETE

NAME DECESARE, JOHN
 STREET ADDRESS 950 PONCE DE LEON #107
 CITY-ST-ZIP BOCA RATON FL

2.1 TITLE Change Addition

TITLE SD DELETE

NAME YELTON, LEONA
 STREET ADDRESS 1111 SOUTH OCEAN BOULEVARD #218
 CITY-ST-ZIP BOCA RATON FL

3.1 TITLE Change Addition

TITLE TD DELETE

NAME WAGMAN, SHARON
 STREET ADDRESS 950 PONCE DE LEON #310
 CITY-ST-ZIP BOCA RATON FL

4.1 TITLE Change Addition

TITLE D DELETE

NAME MARQUEZ, JOHN
 STREET ADDRESS 1111 SOUTH OCEAN BOULEVARD #124
 CITY-ST-ZIP BOCA RATON FL

5.1 TITLE Change Addition

TITLE D DELETE

NAME WILLIAMS, CONNIE
 STREET ADDRESS 950 PONCE DE LEON #408
 CITY-ST-ZIP BOCA RATON FL

6.1 TITLE Change Addition

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 an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John DeCesare, President 3/23/99 (561) 216-4500

Date

Daytime Phone #

CR2E037 (1/198)