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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

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

02/09/1973

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD DELETE

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

TITLE VD DELETE

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

TITLE SD DELETE

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

TITLE TD DELETE

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

TITLE D DELETE

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

TITLE D DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME Woods, William
 3.3 STREET ADDRESS 1111 So. Ocean Drive, #325
 3.4 CITY-ST-ZIP BOCA RATON, FL

4.1 TITLE Change Addition

4.2 NAME D KAMPER, TED
 4.3 STREET ADDRESS 1111 So. Ocean Dr., #316
 4.4 CITY-ST-ZIP BOCA RATON, FL

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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: *John DeCesare* 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)