

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90082 039 ****61.25

DOCUMENT # 725524
 1. Entity 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 33318-9013 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|---|--|
| 4. FEI Number 59-1514455 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
~~CASTLE PROPERTY SERVICES GROUP, INC.~~
4450 WEST SUNRISE BOULEVARD
SUITE C-100
PLANTATION FL 33313

7. Name and Address of New Registered Agent
 Name **Castle Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Gail H. Sangunett* **Gail H. Sangunett, Vice President** **1/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FODERO, NELLIE 1111 S.OCEAN BLVD #316 BOCA RATON FL 33432 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DECESARE, JOHN 950 PONCE DE LEON #107 BOCA RATON FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WOODS, WILLIAM 1111 SO. OCEAN DR. #325 BOCA RATON FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAMPER, TED 1111 SO. OCEAN DR., #316 BOCA RATON FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARQUEZ, JOHN 1111 SOUTH OCEAN BOULEVARD #124 BOCA RATON FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, CONNIE 950 PONCE DE LEON #408 BOCA RATON FL <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MAHON, KATHLEEN F. 950 Ponce de Leon Rd #201 Boca Raton FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FITZGERALD, MARIAN 950 Ponce de Leon Rd #202 BOCA RATON, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John DeCesare* **John DeCesare** **2/23/00** **(954) 792-6000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)