

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 3: 29

DOCUMENT # 738701 (2)
1. Corporation Name
TIERRA DEL REY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O MARTIN PROP MGMT CO
1489 W PALMETTO PK RD #414
BOCA RATON FL 33486
US** **1489 WEST PALMETTO PARK ROAD
414
BOCA RATON FL 33486
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/21/1977** 3a. Date of Last Report **02/15/1994**
4. FEI Number **59-2160282** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MARCIA M. COLLINS C/O MARLIN PROPERTY
1489 W. PALMETTO PARK ROAD
SUITE 414
BOCA RATON FL 33486**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRABB, MIKE
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	BARNOVITZ, DAVE
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	NUSSBAUM, JACK
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	NOLAN, WENDY
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	GORNROT, GREY
STREET ADDRESS	1489 W PALMETTO PK RD #414
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	MAGIN, CHARLES
STREET ADDRESS	1484 W PALMETTO PK RD #414
CITY - ST - ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter D17, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Mike Crabb Mike Crabb **3/22/95 407-750-9058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)