

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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 WEST PALMETTO PARK ROAD
1489 W PALMETTO PK RD #414 414
BOCA RATON FL 33486 BOCA RATON FL 33486
US US

3. Date Incorporated or Qualified **04/21/1977** 3a. Date of Last Report **03/31/1995**
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**
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRABB, MIKE	
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARNOVITZ, DAVE	
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NUSSBAUM, JACK	
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NOLAN, WENDY	
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORNDT, GREY	
STREET ADDRESS	1489 W PALMETTO PK RD #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
2.2 NAME	Dasateri, Dana
2.3 STREET ADDRESS	1489 W. Palmetto Park Rd #414
2.4 CITY-ST-ZIP	Boca Raton, Fl
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pritchard, Dorothy
3.3 STREET ADDRESS	1489 W. Palmetto Park Rd #414
3.4 CITY-ST-ZIP	Boca Raton, Fl
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 checked="" type="checkbox"/> Addition
6.2 NAME	Barnovitz, Phyllis
6.3 STREET ADDRESS	1489 W. Palmetto Park Rd #414
6.4 CITY-ST-ZIP	Boca Raton, Fl

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 119.07(3)(k), 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.

SIGNATURE: Wendy Nolan Wendy Nolan 4/15/96 407-250-8058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)