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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738701 (2)
1. Corporation Name
TIERRA DEL REY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business C/O BOHICA PROPERTIES 3850 NW BOCA RATON BLVD BOCA RATON FL 33431 US	Mailing Address C/O BOHICA PROPERTIES 3850 NW BOCA RATON BLVD BOCA RATON FL 33431 US
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3. Date incorporated or Qualified 04/21/1977	
4. FEI Number 59-2160282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MARCIA M. COLLINS C/O MARLIN PROPERTY
3850 NW BOCA RATON BLVD
STE 2
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 restating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABB, MIKE	1.2 NAME	
STREET ADDRESS	3850 NW 2 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROST, STUART	2.2 NAME	
STREET ADDRESS	3850 NW 2 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARR, GEORGE	3.2 NAME	
STREET ADDRESS	3850 NW 20 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLAN, WENDY	4.2 NAME	Fitzgerald, Jack
STREET ADDRESS	3850 NW 2 AVE.	4.3 STREET ADDRESS	3850 NW 2 Avenue
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANZ, DAVID	5.2 NAME	Marder, Matthew
STREET ADDRESS	3850 NW 2 AVE.	5.3 STREET ADDRESS	3950 NW 2 Avenue
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, KATHY	6.2 NAME	
STREET ADDRESS	3850 NW 2 AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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 supplement to 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 executor 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 my signature with an address.

SIGNATURE: _____ **REQUIRED** **3-9-98 561-750-8822**

CR2E037 (10/97)