

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90185 001 ****20.22
 05-17-2001 90185 002 ****41.03

DOCUMENT # 738701

1. Entity Name

TiERRA Del Rey Property Owners Assn, Inc.

Principal Place of Business

Mailing Address

C/O G.R.S. Management Associates, Inc.
 3900 Woodlake Blvd STE 201
 Lakes Worth, FL 33463

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-2160282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

FASH, William

Street Address (P.O. Box Number is Not Acceptable)

10968 EL PARAISO Place

City

DelRay Bch

FL

Zip Code

33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW

FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FASH, William	
STREET ADDRESS	10968 EL PARAISO Place	
CITY-ST-ZIP	DelRAY Bch, FL 33446	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	Gentile, Joseph	
STREET ADDRESS	10465 EL PARAISO Place	
CITY-ST-ZIP	DelRay Bch, FL 33446	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARRITY, Christine	
STREET ADDRESS	10635 La Reina Road	
CITY-ST-ZIP	DelRay Bch, FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	Dibucci TOM	
STREET ADDRESS	10465 La Reina Road	
CITY-ST-ZIP	DelRay Bch, FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	Crabb, Michael	
STREET ADDRESS	10463 La Reina Road	
CITY-ST-ZIP	DelRay Bch, FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

43010

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)