2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATUR

Feb 28, 2002 8:00 am Secretary of State **DOCUMENT # 738701** 02-28-2002 90126 001 ****19.60 TIERRA DEL REY PROPERTY OWNERS ASSOCIATION, INC. 02-28-2002 90126 002 ****41.65 Principal Place of Business Mailing Address C/4 ORS MANAGEMENT ASSOCIATES. INC C/O GRS MANAGEMENT ASSOCIATES, INC 390 WOODLAKE BLVD STE 201 3900 WOODLAKE BLVD STE 201 LAKE WORTH FL 33463 **L4** € WORTH FL 33463 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2160282 Not Applicable 5. Certificate of Status Desired \$8.75 Additional _ Zip Country___ _ -----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATTI Heidler hadwig Street Address (P.O. Box Number is Not Acceptable) FASH-WILLIAM - -10968 EL PARAISO PLACE W. FOREST Hill Blud STE 1317 DELRAY BEACH FL 33446 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. .382 %... 2・4・62 SIGNATURE (NOTE: Registered Agent sig registered agent and title if applicable re required when reinstating) A STATE OF 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 • Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. (PD) CRABB, Hichael D Taddition Delete TITLE TITLE 10463 LAREINA ROOM NAME NAME CRABB, MICHAEL STREET ADDRESS STREET ADDRESS 10463 LA REINA ROAD DelRay Beach, FL 33446 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446 Delete** TITLE (NPO) ☐ Change Addition TITLE PD SMITH, KATHY FASH, WILLIAM NAME NAME 10468 EL CABAILO COURT DELR AY BOOCH, FL 33446 STREET ADDRESS STREET ADDRESS 10968 EL PARAISA PLACE CITY-ST-ZIP-CITY-ST-ZIP DELRAY BEACH FL 33446 (D) Scirctary (Treasures Addition Delete. TITLE _ Change TITLE STD VINIKOOR LORI NAME GARRITY, CHRISTINE NAME 10626 LAREINA Road STREET ADDRESS STREET ADDRESS 10635 LA REINA RD CITY-ST-7IP CITY-ST-ZIP DELRAY BOOCH, FI 33446 DELRAY BEACH FL 33446 Addition TITLE ☐ Channe TITLE ☐ Delete NAME DIBUCCI, TOM TAFT, ALAN NAME 20423 STATE RD #7 STE FL STREET ADDRESS STREET ADDRESS 10965 LA REINA ROAD CITY-ST-ZIP BOXA RATION FI 33498 CITY-ST-ZIP DELRAY BEACH FL 33446 Addition Change TITLE VPD 👙 🕐 Delete TITLE (D)NAME KATEB, DAVID GENTILE, JOSEPH NAME 8443 SAW PINE ROOK STREET ADDRESS STREET ADDRESS 10465 EL PARAISO PLACE CITY-ST-ZIP DELPAY BEACH FL 33446 CITY-ST-ZIP DELRAY BEACH FL 33446 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

(561)495-4694