2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2004 8:00 am Secretary of State

DOCUMENT # 738701 1. Entity Name TIERRA DEL REY PROPERTY OWN ERS ASSOCIATION					02-06-2004 90032 018 ****61.25			
TIERRA DEL REY PROPERTY OWN ERS ASSOCIATION, INC.								
Principal Place of Business C/O GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD STE 201 LAKE WORTH, FL 33463 US Mailing Address C/O GRS MANAGEMEN 3900 WOODLAKE BLV LAKE WORTH, FL 334			AGEMENT A AKE BLVD S	STE 201	1000 1110	MINA INGI ANNA NAINA ING	I BARII BARIA BARIA BARIA BARIA BARI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142004	Chg-NP	CR2E037 (10/03)	
City & State		City & State				4. FEI Number Applied For 59-2160282 Not Applicable		
Zip	Country	Zip		Country		of Status Desired.	S8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	Registered Agent	
LADWIG, PATTI HEIDLER PA 12765 W FOREST HILL BLVD STE 1312				Street Address (P.O. Alox Number is Not Acceptable) Ave S.				
WELLINGTON, FL 33414				City	$\frac{h}{2} \ln \tilde{x}$	5 C C C M	FL 空驾	91101
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. I am familiar with, and accept							and accept	
the obligations of registered agent.								
SIGNATURE I CENTER D relutive Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
SIGNATURE _			(NOTE:	Registered Agent signature rec	quired when reinstating)	* 1	BATE	
SIGNATURE _		and title if applicable.		paign Financing	\$5.00 May Boadded to Fees		I BATE Ilake check payable to rida Department of St	
SIGNATURE _	Signature, typed or printed name of registered agent: Filling Fee is \$61.25	and title if applicable. 9. El	ection Camp	paign Financing	\$5.00 May Bo Added to Fees	Flor		ate
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and title if applicable. 9. El Tr	ection Camp	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flor	rida Department of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF PD CRABB, MICHAEL	and title if applicable. 9. El Tr	ection Camp rust Fund Co	paign Financing partribution. 11. TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flor	rida Department of St ERS AND DIRECTORS IN Change	ate
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I hereby certify that the information supplied with this filling 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;

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI VINIKORR, SUCRETARY TREASURER 1/21/04 4

