
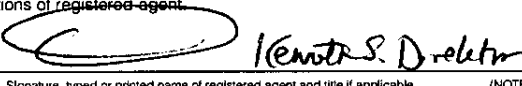



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-06-2004 90032 018 ****61.25

DOCUMENT # 738701					
1. Entity Name TIERRA DEL REY PROPERTY OWNERS 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 MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD STE 201 LAKE WORTH, FL 33463 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2160282	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LADWIG, PATTI HEIDLER PA 12765 W FOREST HILL BLVD STE 1312 WELLINGTON, FL 33414			Name Kenneth S. Direktor Street Address (P.O. Box Number is Not Acceptable) 500 Australian Ave S. 9th Floor City West Palm Beach FL Zip Code 33401		
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 the obligations of registered agent.					
SIGNATURE 		Kenneth S. Direktor		1/29/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABB, MICHAEL		NAME	Crabb, Michael	
STREET ADDRESS	10463 LA REINA ROAD		STREET ADDRESS	10463 La Reina Rd	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KATHY		NAME	Smith, Kathy	
STREET ADDRESS	10468 EL CABALLO COURT		STREET ADDRESS	10468 El Caballo Ct.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINIKOOR, LORI		NAME	Egan, Elizabeth	
STREET ADDRESS	10626 LAREINA ROAD		STREET ADDRESS	10036 El Caballo Ct	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSINI, SANWEL		NAME	Kissin, Sanwel	
STREET ADDRESS	10792 EL CABALLOS CRT.		STREET ADDRESS	10792 El Caballo Ct.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, IRA		NAME	Amante, Chris	
STREET ADDRESS	10381 LA RAND RD.		STREET ADDRESS	10076 El Caballo Ct.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FASH, WILLIAM		NAME	Goldberg, Ira	
STREET ADDRESS	10468 EL PARUSIO PL		STREET ADDRESS	10391 La Reina Rd	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach, FL 33446	
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: 		LORI VINIKOOR, SECRETARY/TREASURER		1/2/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 561 495-4694	