


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90268 045 \*\*\*\*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**

**20046204**



2. Principal Place of Business  
**C/O FIRST CHOICE MANAGEMENT GROUP, INC.**

3. Mailing Address  
**6401 CONGRESS AVE.**

Suite, Apt. #, etc.  
**6401 Congress Ave. SUITE 140**

Suite, Apt. #, etc.  
**SUITE 140**

04222005 Chg-NP CR2E037 (10/03)

City & State  
**Boca Raton, FLORIDA**

City & State  
**Boca Raton, FLORIDA**

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

4. FEI Number  
**59-2160282**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIREKTOR, KENNETH S**  
**500 AUSTRALIAN AVE S**  
**4TH FLOOR**  
**WEST PALM BEACH, FL 33401**

**625 N. FLAGLER DRIVE**  
**7TH FLOOR**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is **\$81.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 D	<input type="checkbox"/> Delete NAME CRABB, MICHAEL STREET ADDRESS 10463 LA REINA ROAD CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME AMANTE, CRISTINA STREET ADDRESS 10076 EL CABALLO COURT CITY-ST-ZIP DELRAY BEACH, FL. 33446
TITLE D	<input type="checkbox"/> Delete NAME SMITH, KATHY STREET ADDRESS 10468 EL CABALLO COURT CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME EGAN, ELIZABETH STREET ADDRESS 10036 EL CABALLO COURT CITY-ST-ZIP DELRAY BEACH, FL. 33446
TITLE STD	<input type="checkbox"/> Delete NAME VINIKOOR, LORI STREET ADDRESS 10628 LAREINA ROAD CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TAFT, ALAN STREET ADDRESS 10058 EL CABALLO COURT CITY-ST-ZIP DELRAY BEACH, FL. 33446
TITLE D	<input checked="" type="checkbox"/> Delete NAME KISSINI, SANWEL STREET ADDRESS 10792 EL CABALLOS CRT. CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ANGEL, GLADYS STREET ADDRESS 10712 EL CABALLO COURT CITY-ST-ZIP DELRAY BEACH, FL. 33446
TITLE D	<input checked="" type="checkbox"/> Delete NAME GOLDBERG, IRA STREET ADDRESS 10381 LA RAND RD. CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HARRIS, RANDY STREET ADDRESS 1023 S LA REINA ROAD CITY-ST-ZIP DELRAY BEACH, FL. 33446
TITLE D	<input checked="" type="checkbox"/> Delete NAME FASH, WILLIAM STREET ADDRESS 10488 EL PARUSIO PL CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AS SECRETARY 4/21/05 (561) 495-4694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR