


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90035 001 ****24.59
 03-06-2006 90035 002 ****36.66

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1. Entity Name
TIERRA DEL REY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O FIRST CHOICE MANAGEMENT GROUP, INC.
 6401 CONGRESS AVE., SUITE 140
 BOCA RATON, FL 33487 US**

Mailing Address
**C/O FIRST CHOICE MANAGEMENT GROUP, INC.
 6401 CONGRESS AVE., SUITE 140
 BOCA RATON, FL 33487 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02052006 Chg-NP CR2E037 (11/05)

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
 625 N. FLAGLER DRIVE
 7TH FLOOR
 WEST PALM BEACH, FL 33401**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

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"/> Delete
NAME	SMITH, KATHY	
STREET ADDRESS	10468 EL CABALLO COURT	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VINIKOOR, LORI	
STREET ADDRESS	10626 LAREINA ROAD	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AMANTE, CRISTINA	
STREET ADDRESS	10076 EL CABALLO COURT	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EGAN, ELIZABETH	
STREET ADDRESS	10036 EL CABALLO COURT	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAFT, ALAN	
STREET ADDRESS	10058 EL CABALLO COURT	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE BRANT	
STREET ADDRESS	10248 El Caballo Court	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLADYS ANGEL	
STREET ADDRESS	10712 El Caballo Court	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOUNA BOULDS	
STREET ADDRESS	10381 La Reina Rd	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 exemptions contained in Chapter 119, 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:  SECRETARY/TREASURER 3/1/06 (561) 999-4349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #