

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90141 043 ****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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

LADWIG, PATTI HEIDLER PA
12765 W FOREST HILL BLVD
STE 1312
WELLINGTON FL 33414

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	(D) <input type="checkbox"/> Delete CRABB, MICHAEL 10463 LA REINA ROAD DELRAY BEACH FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PD) <input type="checkbox"/> Delete SMITH, KATHY 10468 EL CABALLO COURT DELRAY BEACH FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete VINIKOOR, LORI 10626 LAREINA ROAD DELRAY BEACH FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DIBUCCI, TOM 10965 LA REINA ROAD DELRAY BEACH FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Delete KATEB, DAVID 8443 SAW PINE ROAD DELRAY BEACH FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TAFT, ALAN 10058 EL Caballo CRT Delray Bch FL 33446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VAD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kissin, Samuel 10792 EL Caballos CRT DELRAY Bch, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Goldberg, IRA 10381 La Reina Rd Delray Bch FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FASH, William 10968 EL Parnaso Pl. Delray Bch FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Amante, Christina 10076 EL Caballo CRT Delray Bch, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: KATEB, DAVID or President 2/16/02 (561) 495-6556

CR2E037 (10/02)