

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750816 (1)

1. Corporation Name

TIERRA 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**719 PINELLAS BAYWAY
P O BOX 66245
TIERRA VERDE FL 33715
US** **7217 GULF BLVD #8
STE 6
ST PETE BCH FL 33736
US**

3. Date Incorporated or Qualified **01/29/1980** 3a. Date of Last Report **03/29/1995**
4. FEI Number **59-2074783** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SCHNOOR, FRANK
%QUALITY MANAGEMENT SERVICES, 7217 GULF BL
P O BOX 66245
ST PETERSBURG BEACH FL 33736**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, CONSTANCE	1.2 NAME	
STREET ADDRESS	719 PINELLAS BAYHWY 302	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HLAVACEK, JAMES	2.2 NAME	MASTRANGELO, TOM
STREET ADDRESS	719 PINELLAS BAYWAY, #104	2.3 STREET ADDRESS	719 Pinellas Bayway, #204
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTRANGELO, JEANNETTE	3.2 NAME	DELAPORTAS, Sue
STREET ADDRESS	719 PINELLAS BAYWAY, #204	3.3 STREET ADDRESS	719 Pinellas Bayway, #101
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTREITER, JAMIE	4.2 NAME	
STREET ADDRESS	719 PINELLAS BAYWAY, #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, GEORGE	5.2 NAME	Kradle, Dorothy
STREET ADDRESS	719 PINELLAS BAYWAY, #307	5.3 STREET ADDRESS	719 Pinellas Bayway, #211
CITY-ST-ZIP	TIERRA VERDE FL	5.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constance E. York April 10, 1996 813 367 5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)