

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 719 PINELLAS BAYWAY, P O BOX 66245, TIERRA VERDE FL 33715 US  
Mailing Address: 7217 GULF BLVD #8, STE 6, ST PETE BCH FL 33706-1961 US

3. Date Incorporated or Qualified: 01/29/1980  
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business (21) Mailing Address (26)

4. FEI Number: 59-2074783  
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

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

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNOOR, FRANK  
%QUALITY MANAGEMENT SERVICES, 7217 GULF BL  
P O BOX 66245  
ST PETERSBURG BEACH FL 33736

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP YORK, CONSTANCE 719 PINELLAS BAYHWY 302 TIERRA VERDE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP TOM MASTRANGELO 719 PINELLAS BAYWAY, #204 TIERRA VERDE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D KNUDSEN, FRED
STREET ADDRESS		2.3 STREET ADDRESS	719 Pinellas Bayway, #103
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	DT SUE DELAPORTAS 719 PINELLAS BAYWAY, #101 TIERRA VERDE FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VP
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS HASTREITER, JAMIE 719 PINELLAS BAYWAY, #305 TIERRA VERDE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DOROTHY KRADLE 719 PINELLAS BAYWAY, #211 TIERRA VERDE FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DT KUHLENKAMP, ERIKA
STREET ADDRESS		5.3 STREET ADDRESS	719 Pinellas Bayway, #102
CITY-ST-ZIP		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 York* REQUIRED 4-7-97 367-5270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050226

CR2E037 (9/96)