NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 750816 ~

1. Corporation Name

TIERRA I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 719 Pinellas Bayway

P.O. BOX 66245 TIERRA VERDE, FL 33715

Mailing Address

7217 Gulf Blvd #6

STE 6

ST PETE BCH, FL33736

May 06, 1999 8:00 am Secretary of State

05-06-1999 90017 040 ****61.25



2. Principal P	incipal Place of Business				3. Date incorporated or Qualifed		
21	26				01/29/1980		
Suite, Apt.	, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	A	pplied For
22							ot Applicable
City & Stat	State City & State			5. Certifcate of Status Desired		Additional	
23	28					Fee R	equired
Zip	Country Zip Co			ntry 6. Election Campaign Financing \$5.00 May Be-		May Be∽	
24	25 29 30			Trust Fund Contribution Added to Fees		to Fees	
Name and Address of Current Registered Agent					10. Name and Address of New R	legistered Agent	
SCHNOOR, FRANK			81	Name			
%OUALITY MANAGEMENT SERVICES			82	82 Street Address (P.O. Box Number is Not Acceptable)			
7217 GULF BLVD							
OP O BOX 66245			83				
			0.4	84 City 85 Zip Code			
ST. PETE BEACH, FL 33736			04	FL 189 Zip Gode			
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 DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECT	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	I = =		12 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-ST	-ZIP			
TITLE			2.1 TITLE			☐ Change	Addition
NAME	221		2.2 NAME				1
STREET ADDRESS	STARR, WILLIAM 719 PINELLAS BAYWAY 106			ADDRESS			
CITY-ST-ZIP	LY13 EINEDDAS DAINAI 100			r-ZIP			
TITLE			3.1 TITLE			☐ Change	Addition
NAME	I		3.2 NAME				
STREET ADDRESS	DELAPORTAS, SUE 719 PINELLAS BAYWAY 101 32N			ADDRESS			
CITY-ST-ZIP	24.6		3.4. CITY- S	r-zip			
TITLE	TIERRA VERDE, FL	☐ DELETE	4.1 TITLE	-		☐ Change	☐ Addition
NAME	DV MASTRANGELO, THOMAS		4. 2 NAME				
	HASTRANGEBO, THOMAS		4.3 STREET	ADDRESS			
CITY-ST-ZIP	TIERRA VEREDE, FL		4.4 CITY-ST				
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	KRADLE, GARY		5.3 STREET	ADDRESS			
CITY-ST-ZIP	115 1ST ST TIERRA VERDE, FL		5.4 CITY-ST	- ZiP			
TITLE	TILKKA VUKDE, I'D	☐ DELETE	61 TITLE			☐ Change	Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			J
,			6.4 CITY-ST	-ZIP			
CITY-ST-ZIP	pertify that the information supplied with this t	fling does not qualify for the			ection 119 07(3)(i) Florida Statutes I	further certify that the	information

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationate 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, with all other like empowered.

SIGNATURE:

727, 367,5170