

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 # **N31899 (0)**

1. Corporation Name

TIERRA DEL REY SOUTH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10621 EL CABALLO COURT
DELRAY BEACH FL 33446

C/O MARLIN PROPERTY MANAGEMENT
1489 WEST PALMETTO PARK ROAD, SUITE 414
BOCA RATON FL 33486

3. Date Incorporated or Qualified 04/24/1989	3a. Date of Last Report 03/17/1995
4. FEI Number 59-2160282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business C/o Marlin Prop Mgmt Co	2a. Mailing Address 1489 W Palmetto Pk Rd Suite # 414
22. City & State Boca Raton, Fl	27. City & State Boca Raton, Fl
24. Zip 33486	29. Zip 33486
Country Palm Beach	Country Fl

9. Name and Address of Current Registered Agent

BARNOVITZ, DAVID M
10621 EL CABALLO COURT
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name
Linda Reiner / Marlin Prop Mgmt Co.

82 Street Address (P.O. Box Number is Not Acceptable)
1489 W Palmetto Park Road

83
Suite 414

84 City
Boca Raton

85 Zip Code
FL 33486

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]* DATE: **2/6/96**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	PUSATERI, DANA
STREET ADDRESS	10323 EL CABALLO COURT
CITY - ST - ZIP	DELRAY BEACH FL 33446
TITLE	D <input type="checkbox"/> DELETE
NAME	NUSSBAUM, JACK
STREET ADDRESS	10879 EL CABALLO COURT
CITY - ST - ZIP	DELRAY BEACH FL 33446
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BARNOVITZ, DAVID M
STREET ADDRESS	10621 EL CABALLO COURT
CITY - ST - ZIP	DELRAY BEACH FL 33446
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barnovitz, Phyllis
3.3 STREET ADDRESS	10621 El Caballo Court
3.4 CITY - ST - ZIP	Delray Beach, Fl 33446
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: **(407) 250-8058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DANA J. PUSATERI** DATE: _____ DAYTIME PHONE # _____

CR2E037 (12/95)