

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31899 (0)**  
1. Corporation Name  
**TIERRA DEL REY SOUTH PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O BOHICA PROP 3850 NW 2ND AVE #2 BOCA RATON FL 33431 US</b>	Mailing Address <b>C/O BOHICA PROP 3850 NW 2ND AVE #2 BOCA RATON FL 33431 US</b>
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3. Date Incorporated or Qualified  
**04/24/1989**

4. FEI Number <b>59-2160282</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**COLLINS, MARCIA  
3850 NW 2 AVE #2  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>IMBRES, JOHN</b>	
STREET ADDRESS	<b>3850 NW BOCA RATON BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGINNIS, KATHY</b>	
STREET ADDRESS	<b>38501 NW BOCA RATON BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KARR, GEORGE J.</b>	
STREET ADDRESS	<b>3850 NW BOCA RATON BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
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		Change	Addition
1.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Fitzgerald, Jack</b>		
1.3 STREET ADDRESS	<b>3850 NW Boca Raton Blvd</b>		
1.4 CITY-ST-ZIP	<b>Boca Raton, FL</b>		
2.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 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 filing 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 registered 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]* **George J. Karr** **2-2-98 561-750-8822**

CP2E037 (10/97)