**FILE NOW: FILING FEE IS $61.25**

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Mar 21 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 # 725524 (3)

1. Corporation Name

TIERRA DEL MAR CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SUMMIT PROPERTY MANAGEMENT INC.<br>P.O. BOX 189013<br>PLANTATION FL 33318 | C/O SUMMIT PROPERTY MANAGEMENT INC.<br>P.O. BOX 189013<br>PLANTATION FL 33318-9013 |

3. Date Incorporated or Qualified: 02/09/1973
3a. Date of Last Report: 05/01/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 % Association Mgmt. Group, Inc | 26 % Association Mgmt Group, Inc |
| Suite, Apt. #, etc.<br>22 8306 Mills Drive - 668 | Suite, Apt. #, etc.<br>27 8306 Mills Drive - 668 |
| City & State<br>23 Miami, Fla | City & State<br>28 Miami Fla |
| Zip / Country<br>24 33183 / 25 USA | Zip / Country<br>29 33183 / 30 USA |

4. FEI Number: 59-1514455 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SUMMIT PROPERTY MANAGEMENT, INC.<br>6289 WEST SUNRISE BLVD., #202<br>SUNRISE FL 33313 | 81 Name: Association Management Group, Inc<br>82 Street Address (P.O. Box Number is Not Acceptable): 8306 Mills Drive - #668<br>83<br>84 City: Miami FL 85 Zip Code: 33183 |

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: Carina Kremen CARINA KREMEN, MANAGER 3-5-97
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 | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KAMPER, KAY | | 1.2 NAME | |
| STREET ADDRESS | 1111 S.OCEAN BLVD #316 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 1.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | SD ☒ Change ☐ Addition |
| NAME | WAGMAN, MATTHEW | | 2.2 NAME | LEONA YELTON, SD |
| STREET ADDRESS | 950 PONCE DE LEON, #310 | | 2.3 STREET ADDRESS | 1111 So Ocean Blvd - Nº 218 |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | Boca Raton, Fla 33432 |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | TD ☒ Change ☐ Addition |
| NAME | KAPLAN, JOSEPH | | 3.2 NAME | JUNE LOCOCO - TD |
| STREET ADDRESS | 1111 S. OCEAN BLVD., #215 | | 3.3 STREET ADDRESS | 950 PONCE DE LEON ROAD, Nº 504 |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4 CITY-ST-ZIP | Boca Raton, Fla 33432 |
| TITLE | D | ☐ DELETE | 4.1 TITLE | D ☒ Change ☐ Addition |
| NAME | STERN, RALPH | | 4.2 NAME | TED KAMPER, D |
| STREET ADDRESS | 950 PONCE DE LEON , STE. 512 | | 4.3 STREET ADDRESS | 1111 So. Ocean Blvd - 316 |
| CITY-ST-ZIP | BOCA RATON FL | | 4.4 CITY-ST-ZIP | Boca Raton, Fla 33432 |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D. ☒ Change ☐ Addition |
| NAME | BASKIN, MAX | | 5.2 NAME | CONSTANCE WILLIAMS D |
| STREET ADDRESS | 1111 PONCE DE LEON RD #217 | | 5.3 STREET ADDRESS | 950 PONCE DE LEON ROAD - Nº 408 |
| CITY-ST-ZIP | BOCA RATON FL | | 5.4 CITY-ST-ZIP | BOCA RATON Fla 33432 |
| TITLE | D | ☐ DELETE | 6.1 TITLE | VP-D ☒ Change ☐ Addition |
| NAME | JENNINGS, JEFF | | 6.2 NAME | NELLIE FODERO - VPD |
| STREET ADDRESS | 1111 S. OCEAN BLVD., #115 | | 6.3 STREET ADDRESS | 239 WEST NORTHFIELD ROAD |
| CITY-ST-ZIP | BOCA RATON FL | | 6.4 CITY-ST-ZIP | LIVINGSTON, N.J. 07039 |

CR2E037 (9/96)

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:** Kay Kamper KAY KAMPER PRESIDENT 3-5-97 (561) 391-8955
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone # 0036789