FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

755998

(2)

TIFRRA VISTA INC

FILED Mar 17 1998 8:00am Secretary of State

HEIRIN HOTA, 1140.					
Principal Place of Business	Malling Address			E (ODJA) ABOOT BIYOT DAHO TOTIS EDIDI TOTI BABIT OF	
11700 STONEBRIDGE PKWY. COOPER CITY FL 33026 11700 STONEBRIDGE PKWY. COOPER CITY FL 33026				Date Incorporated or Qualified 01/22/1981 FEI Number	Applied For
	I fin histing Address			59-2116629	Not Applicable
2. Principal Place of Business 3722 S. Flamings B	2a. Mailing Address . 26 5722 5. Fb.	Minco	BS	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State Copper City, FI.	City & State 28 Coppr City F1			7. Is this nonprofit corporation a homeowners association?	
Zip Country 25 25	Zip Co 29 33330 30	untry			Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81 Nam	10		
HUCK, MAUREEN 17838 N W 15TH COURT PEMBROKE PINES 33302		82 Street	Street Address (P.O. Box Number is Not Acceptable)		
		83			
				FL	85 Zip Code
 Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligit 	of Florida. Such change was authorize	ed by the c	ed corpor orporation	ration submits this statement for the purpose on's board of directors. I hereby accept the applications are supported by the second statement of the second statement of the second seco	of changing its registered pointment as registered
SIGNATURE			····		
Signature, typed or printed name of registered age	int and little if applicable. (NOTE: Registere	od Agent signal	mue redrived	when reinstating) DATE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ DELETE TITLE PD 1.1 TITLE NAME SAXENA, K.K. 1.2 NAME 12205 GARDEN DR. STREET ADDRESS 1.3 STREET ADDRESS **COOPER CITY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE COLLUM, ROBERT I 2.2 NAME STREET ADDRESS 2653 BACCAROT DR. 2.3 STREET ADDRESS COOPER CITY FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE PEKAREK, RENEE 3.2 NAME NAME 11725 KIMMIE DR. 3.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE SD 4.1 TITLE NAME KZRSTON, MARY J 4.2 NAME STREET ADDRESS 2695 AZALZA DR. 4.3 STREET ADDRESS **COOPER CITY FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME LAZAR, JEROME 5.2 NAME 2820 EQRET WAY 5.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE SPAK, ROBERT 6.2 NAME NAME 12200 GARDEN DR. STREET ADDRESS **6.3 STREET ADDRESS COOPER CITY FL** 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 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.

A 10 00