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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724113

1. Corporation Name

TIERRA DEL SOL CONDOMINIUM, INC.

Principal Place of Business

250 N E 20TH STREET
 ATTN: PRESIDENT
 BOCA RATON FL 33431

Mailing Address

250 N E 20TH STREET
 ATTN: PRESIDENT
 BOCA RATON FL 33431



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/11/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1578891	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent

BURG, LEE H. E
BECKER & POLIAKOFF PA
450 AUSTRALIAN AVENUE, 7TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

FL

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 DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GAVDINO, JACOB	1.2 NAME	Barratt, Rita
STREET ADDRESS	250 NE 20TH ST, APT 210	1.3 STREET ADDRESS	250 N E 20 ST #502
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton FL 33431
TITLE	TD	2.1 TITLE	TD
NAME	RIOS, WILLIAM	2.2 NAME	Rios, WILLIAM
STREET ADDRESS	250 NE 20TH ST, APT 125	2.3 STREET ADDRESS	250 N E 20 ST #125
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	Boca Raton FL 33431
TITLE	SD	3.1 TITLE	SD
NAME	HOFMANN, LUCILLE	3.2 NAME	Georgia Benson
STREET ADDRESS	250 N.E. 20TH ST., APT. 404	3.3 STREET ADDRESS	250 N.E. 20 ST #120
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	Boca Raton FL 33431
TITLE	VPD	4.1 TITLE	VP
NAME	ELETR, JANET	4.2 NAME	BONANNO, MARIE
STREET ADDRESS	250 NE 20TH ST, APT 208	4.3 STREET ADDRESS	250 N E 20 ST #124
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	VPD	5.1 TITLE	VP
NAME	COYNE, THEODORA	5.2 NAME	Flowers, Mary Esther
STREET ADDRESS	250 N E 20TH STREET APT. 307	5.3 STREET ADDRESS	250 N.E. 20 ST 234
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE:

[Signature] **3/6/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)