

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90197 038 \*\*\*\*61.25

**DOCUMENT # 725524**

1. Entity Name

**TIERRA DEL MAR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

301 YAMATO ROAD, SUITE 2198  
 BOCA RATON FL 33431  
 US

301 YAMATO ROAD, SUITE 2198  
 BOCA RATON FL 33431  
 US

B0096763

2. Principal Place of Business

3. Mailing Address

301 W. Camino Gardens Blvd  
 Suite, Apt. #, etc.  
 200

301 W. Camino Gardens Blvd  
 Suite, Apt. #, etc.  
 200

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

59-1514455

Applied For

Not Applicable

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ASSET PROPERTY MANAGEMENT, INC.  
 301 YAMATO ROAD, SUITE 2198  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Glen Management Services Inc  
 Street Address (P.O. Box Number is Not Acceptable): 301 W. Camino Gardens Blvd  
 Suite 200  
 City: Boca Raton FL Zip Code: 33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FODERO, NELLIE	
STREET ADDRESS	1111 S. OCEAN BLVD #316	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JENNINGS, JEFF	
STREET ADDRESS	1111 S. OCEAN BLVD., #115	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SDTD	<input type="checkbox"/> Delete
NAME	GOLFSMAN, LINDA	
STREET ADDRESS	950 PONCE DE LEON #109	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRET, JACKIE	
STREET ADDRESS	1111 S. OCEAN BLVD., #224	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMPER, KAY	
STREET ADDRESS	1111 S. OCEAN BLVD., #316	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, MARIAN	
STREET ADDRESS	950 PONCE DE LEON ROAD #202	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. Woods	
STREET ADDRESS	1111 S. Ocean Blvd #318	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennings, Jeff	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STERN, ROLF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	950 Ponce de Leon Rd	
STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kennedy, Terance	
STREET ADDRESS	950 Ponce de Leon Rd #310	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**NOTARIAL REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary & 4-23-02

561-367-1505