

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90004 014 ****70.00

DOCUMENT # 725524

1. Entity Name
TIERRA DEL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O 301 W. CAMINO GARDENS RD
200
BOCA RATON, FL 33432 US**

Mailing Address
**C/O 301 W. CAMINO GARDENS RD
200
BOCA RATON, FL 33432 US**

54017987



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1514455

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEN MANAGEMENT SERVICES, INC
301 W. CAMINO GARDENS BLVD
SUITE 200
BOCA RATON, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FODERO, NELLIE**
STREET ADDRESS **1111 S. OCEAN BLVD, #223**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Change ☒ Addition
NAME **Vogt, Ronnie**
STREET ADDRESS **1111 S. Ocean Blvd, #515**
CITY-ST-ZIP **Boca Raton, Fl. 33432**

TITLE **VPD** ☒ Delete
NAME **JENNINGS, JEFF**
STREET ADDRESS **1111 S. OCEAN BLVD., #115**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Change ☒ Addition
NAME **wigodner, Muriel #2088**
STREET ADDRESS **950 Ponce De Leon Rd.**
CITY-ST-ZIP **Boca Raton, Fl. 33432**

TITLE **SDTD** ☒ Delete
NAME **GOLFMAN, LINDA**
STREET ADDRESS **950 PONCE DE LEON #109**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Change ☒ Addition
NAME **Forlenza, Rita**
STREET ADDRESS **1111 S. Ocean Blvd. #317**
CITY-ST-ZIP **Boca Raton, Fl. 33432**

TITLE **SD** ☐ Delete
NAME **EHRET, JACKIE**
STREET ADDRESS **1111 S. OCEAN BLVD., #224**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Robinson, Philip**
STREET ADDRESS **950 Ponce De Leon Rd. #511**
CITY-ST-ZIP **Boca Raton, Fl. 33432**

TITLE **PD** ☒ Delete
NAME **WOODS, WILLIAM H**
STREET ADDRESS **1111 S. OCEAN BLVD, #324**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **PTD** ☐ Change ☒ Addition
NAME **Upton, Brian**
STREET ADDRESS **1111 S. Ocean Blvd. #217**
CITY-ST-ZIP **Boca Raton, Fl. 33432**

TITLE **D** ☒ Delete
NAME **ROLF, STERN**
STREET ADDRESS **950 PONCE DEL LEON RD**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jackie Ehret*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(JACKIE EHRET)

03/05/04-561-391-5593