

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738701

**FILED**  
**Mar 28, 2013**  
**Secretary of State**  
**CC1215405059**

**Entity Name:** TIERRA DEL REY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3901 N. FEDERAL HIGHWAY  
STE. 202  
BOCA RATON, FL 33431

**Current Mailing Address:**

3901 N. FEDERAL HIGHWAY  
STE. 202  
BOCA RATON, FL 33431 US

**FEI Number:** 59-2160282

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PARKWAY NW  
STE. 200  
BOCA RATON, FL 33487 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	CRABB, MICHAEL	Name	ASOFSKY, MARK
Address	3901 N. FEDERAL HIGHWAY, STE 202	Address	3901 N. FEDERAL HIGHWAY, STE.202
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON, FL 33431
Title	SECRETARY	Title	TREASURER
Name	DUNN, LOWELL	Name	SINGER, ANN
Address	3901 N. FEDERAL HIGHWAY, STE 202	Address	3901 N. FEDERAL HIGHWAY, STE 202
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	DIRECTOR	Title	DIRECTOR
Name	SLAVIC, JOHN	Name	ANGEL, GLADYS
Address	3901 N. FEDERAL HIGHWAY, STE 202	Address	3901 N. FEDERAL HIGHWAY, STE 202
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	DIRECTOR	Title	DIRECTOR
Name	AMANTE, CRISTINA	Name	FERRY, JAMES
Address	3901 N. FEDERAL HIGHWAY, STE 202	Address	3901 N. FEDERAL HIGHWAY, STE 202
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL CRABB

**PRESIDENT**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           AMANTE, CRISTINA  
Address        3901 N. FEDERAL HIGHWAY, STE 202  
City-State-Zip: BOCA RATON FL 33431

Title           DIRECTOR  
Name           FERRY, JAMES  
Address        3901 N. FEDERAL HIGHWAY, STE 202  
City-State-Zip: BOCA RATON FL 33431