## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738701** 

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

FILED
Mar 19, 2019
Secretary of State
1512295336CC

## **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

Officer/Director Detail:

 Title
 PRESIDENT
 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 VP

Name BRANT, DIANE Name SMITH, GIOVANA

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 CRABB, MICHAEL Name FASH, WILLIAM

Address 3901 N. FEDERAL HIGHWAY Address 3901 N. FEDERAL HIGHWAY

STE. 202 STE. 202

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title SECRETARY Title DIRECTOR

Name SLAVIC, JOHN Name FIGUEIREDO, RUBENS

Address 3901 N. FEDERAL HIGHWAY Address 3901 N. FEDERAL HIGHWAY

STE. 202 STE. 202

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

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: LOWELL DUNN PRESIDENT 03/19/2019

Date