

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740816

**FILED  
Jan 21, 2014  
Secretary of State  
CC6961450728**

**Entity Name:** TILFORD "S" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

EAST COAST MAINTENANCE & MANAGEMENT  
254 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

EAST COAST MAINTENANCE & MANAGEMENT  
254 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 59-1981018

**Certificate of Status Desired:** No

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

EAST COAST MAINTENANCE & MANAGEMENT  
254 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 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 PD  
Name MCCLAVE, THOMAS  
Address 403 TILFORD S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title TD  
Name TOLKAN, LENORE  
Address 401 TILFORD S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title SD  
Name MOLLE, CHIARA  
Address 405 TILFORD S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VPD  
Name MCGRATH, TOM  
Address 414 TILFORD S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name KEILER, PEARL  
Address 416 TILFORD S  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** MCCLAVE , THOMAS

**PRES**

**01/21/2014**

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

\_\_\_\_\_  
Date