

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740816

**Entity Name:** TILFORD "S" CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O SEACREST SERVICES  
2101 CENTRE PARK WEST DRIVE SUITE 110  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

C/O SEACREST SERVICES  
2101 CENTRE PARK WEST DRIVE SUITE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1981018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

GLAZER AND SACHS, P.A.  
3113 STIRLING ROAD  
SUITE 201  
FORT LAUDERDALE, FL 33312 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:** ERIC GLAZER, PRESIDENT

01/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BEAUPRE , RACHAEL  
Address        400 TILFORD S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            TREASURER, DIRECTOR  
Name            BRITT , DEBRA  
Address        408 TILFORD S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            SECRETARY, DIRECTOR  
Name            WILSON, HARRIET  
Address        C/O SEACREST SERVICES  
                 2101 CENTRE PARK WEST DRIVE  
                 SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title            DIRECTOR  
Name            RIVERA, EDWIN  
Address        C/O SEACREST SERVICES  
                 2101 CENTRE PARK WEST DRIVE  
                 SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title            DIRECTOR  
Name            MOLLE, CHIARRA  
Address        C/O SEACREST SERVICES  
                 2101 CENTRE PARK WEST DRIVE  
                 SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** RACHAEL BEAUPRE

PRESIDENT

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date