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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

733779

(3)

| TIFRRA DEL | MAR | NUTHOS | CONDOMINIUM. | INC |
|-------------|------|--------|--------------|------|
| HILLIAN DEL | IVEN | JUUIN | CONDUMINIUM. | INL. |

| | | | | | | IRIN BARN BARN BARN BARN BARN BARN BARN BAR | |
|--|--|---|---------------------------------------|--------------------|--|--|--|
| Principal Place of Business Mailing Addre | | | | | | | |
| 951 DESOTO ROAD | | 951 DESOTO ROAD | | | | | |
| 333 333 | | 333 | _ | | | | |
| BOGA RATON FL 33432 BOCA RATON FL 33432 US US | | | 32 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | | 09/08/1975 | 04/13/1995 | |
| | ace of Business | 2a. Mailing Address | · | | 4. FEI Number | Applied For | |
| Suite, Apt. | # oto | 26 | · | | 59-1764706 | Not Applicable | |
| 22 | π, σιο. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| | | City & State | ty & State | | 6. Election Campaign Financing | Fee Required | |
| 23 | | 28 | | | Trust Fund Contribution | S5.00 May Be Added to Fees | |
| Ziρ | Country | Zφ | Country | | 8. This corporation has liability for in | | |
| 24 | 9. Name and Address of Currer | 29 | 30 | | Florida Statutes | Yes 🗾 No | |
| 1100.0 | | it negistereo Agent | 81 | Name | 10. Name and Address of New Re | gistered Agent | |
| FACIUM | <i>o</i> 0, lucy | | | | | | |
| | SOTO ROAD | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable |) | |
| | ATON FL 33432 | | 83 | | | | |
| | | | 100 | -01 | | | |
| | | | 84 | City | | 'FL 85 Zip Code | |
| Pursuant for register | to the provisions of Sections 617,0502 red agent, or both, in the State of Flori | and 617,1508, Florida Statute | es, the above-n | amed corpora | ation submits this statement for the purp d of directors. I hereby accept the appoin | ose of changing its registered office | |
| familiar wi | th and accept the obligations of Sect | ion 617.0503, Florida Statutes | الماري الماري الماري الماري المستا | , | a of offectors, i nereby accept the appoil | itment as registered agent. I am | |
| SIGNATURE | Agnature, typed or printed name of registered agont | cionosx | Theo | The | <u> </u> | 3/4/9/, | |
| 12. | (/ OFFICERS AN | | 13. | signature required | when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE SERVICE OF THE S | |
| TITLE | PD | DELETE | 1.1 TITLE | | ADDITIONAL OF TAXABLE TO OFFICE | Change Addition | |
| NAME | ZIVIE, WARREN | | 1.2 NAME | | | | |
| STREET ADDRESS | 951 DESOTO ROAD | | 1.3 STREET | address | | | |
| C(1Y - SI - ZIP | BOCA RATON, FL 33432 | | 1.4 CITY - ST | - ZIP | | | |
| TITLE | VD | DEFELE | 21 TITLE | | | Change Addition | |
| NAME STREET ADDRESS | ANDERSON, RICHARD | | 22 NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | 951 DESOTA RD BOCA RATON FL | | 2.3 STREET | 1 | | | |
| TITLE | TD | DELETE | 2 4 DITY - S' 3.1 TITLE | I - ZIP | | Change Addition | |
| NAME | LUCIANO, LUCY | _ | 3.2 NAME | ŀ | | ☐ cuantia ☐ vocioni | |
| STREET ADDRESS | 951 DESOTO RD | | 3.3 STREET A | ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | 3.4. CITY-S1 | I-ZIP | | , | |
| TITLE | SD | DELETE | 4.1 TITLE | OF | | ☐ Change ☐ Addition | |
| NAME | SIEG, GLORIA | | 4 2 NAME | H | ARDGROVE GARNER | ķ | |
| STREET ADDRESS CITY-ST-ZIP | 951 DESOTA RD | | 4 3 STREET A | DDRESS 4 | 51 Dasoro Ro | 2 9.2 | |
| TITLE | BOCA RATON, FL 33432 D | DELETE | 4.4 City-St 5.1 Title | ZIP B | ICH RATON, FL 3 | 5434 | |
| NAME | FORTINO, ANITA | W DEEE IL | 5.2 NAME | رود ا | CH RATON, FL 3: CLUGAN, TERRI SI DESOTO RD | Change Addition | |
| STREET ADDRESS | 951 DESOTO RD | | 5.3 STREET A | DORESS | CANANA TERRI | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | 5.4 CITY - ST | ZIP B | CA RATON, EL 3 | 3452 | |
| TITLE | | DELETE | 6.1 TITLE | | The state of the s | Change Addition | |
| NAMÉ | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6 3 STREET A | ODRESS | | | |
| CITY-ST-ZIP | certify that the information association | with this filing is under a disc. | 64 CITY-ST | ZIP | | | |
| COLLINY THAT | the information indicated by this aring | report or supplemental annu | iai recont is true | Land accurate | the exemption stated in Section 119.07 and that my signature shall have the sa | imo local affect on it made under | |
| appears in | Block 12 or Block 13 If changed, if o | ration or the receiver or trustee in an attachment with an addre | empowered to ess. | execute this | report as required by Chapter 617, Florid | da Statutes; and that my name | |

SIGNATURE: FICER OR DIRECTOR

3-5-96 407-393-3282