

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90055 046 ****61.25

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|--|--|--|---|---|--|
| DOCUMENT # 733779 1. Entity Name TIERRA DEL MAR SOUTH CONDOMINIUM, INC. | | | | | |
| Principal Place of Business 951 DESOTO ROAD BOCA RATON, FL 33432 US | | | | Mailing Address 951 DESOTO ROAD BOCA RATON, FL 33432 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02122008 Chg-NP CR2E037 (12/06) | |
| Zip Country | | Zip Country | | 4. FEI Number 59-1764706 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CROSS, JONATHAN 951 DESOTO ROAD #433 BOCA RATON, FL 33432 | | | 7. Name and Address of New Registered Agent Name: <u>JAMES C. SCARLATA</u> Street Address (P.O. Box Number is Not Acceptable) <u>951 DESOTO RD #229</u> City <u>BOCA RATON</u> FL <u>33432</u> Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>JAMES C. SCARLATA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <u>James C. Scarlata</u> <small>(NOTE: Registered Agent signature required when reappointing)</small> | | <u>3/19/08</u> <small>DATE</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CROSS, JONATHAN 951 DESOTO RD BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PPD JAMES SCARLATA 951 DESOTO RD. BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PECORA, DON 951 DESOTO RD BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ANDREW K MOSKO 951 DESOTO RD BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CUNNIFF, MARGARET 951 DESOTO RD BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BARBARA O. GIBBONS 951 DESOTO RD BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FRANZESE, PATRICIA 951 DESOTO RD BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M RONALD RUBIN 951 DESOTO RD BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M SCARLATA, ROXANNE 951 DESOTO RD BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M WILLIAM FRANCIS 951 DESOTO RD BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered. | | | | | |
| SIGNATURE: <u>Barbara O. Gibbons</u> <u>BARBARA O. GIBBONS</u> <u>3/20/08</u> <u>361-391-8420</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |