

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L29715

1. Entity Name

TIARA BY THE SEA, INC.



Principal Place of Business

5815 SO ALA
MELBOURNE BCH FL 32951
US

Mailing Address

5815 S A1A
MELBOURNE BEACH FL 32951
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-2978385**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERLAK, JOSEPH
5815 SOUTH A1A HIGHWAY
MELBOURNE BEACH FL 32951

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent's signature required when restructuring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GERLAK, JOSEPH	
STREET ADDRESS	5815 SOUTH A1A HIGHWAY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GERLAK, MARILYN JOYCE	
STREET ADDRESS	5815 SOUTH A1A HIGHWAY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	V	<input type="checkbox"/> Delete
NAME	GERLAK, GARY	
STREET ADDRESS	4248 WICKS BRANCH RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	GERLAK, MICHAEL	
STREET ADDRESS	140 FLORES STREET	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 like empowered.

SIGNATURE: *Marilyn J. Gerlak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-08 321-725-0525
Date Daytime Phone #