2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006522

FILED Apr 30, 2008 Secretary of State

Entity Name: TIRAT CARU CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

552 N. OCEAN BLVD. POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

552 N. OCEAN BLVD. POMPANO BEACH, FL 33062

FEI Number: 04-3659161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MORGAN, WALTER L
633 S FEDERAL HWY
STE 400A

PEDLEY, JAMES K
727 NE THIRD AVENUE
STE 301

FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33304 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: JAMES K PEDLEY 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: VPD (X) Change () Addition Name: SLOTA, SCOTT Name: GRATTAN, BARBARA

Address: 552 N. OCEAN BLVD. #2 Address: 1489 W PALMETTO PARK RD STE 300

City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: BOCA RATON, FL 33467

Title: PTD () Delete Title: PTSD (X) Change () Addition

 Name:
 ROSEN, CHUCK
 Name:
 ROSEN, ARLENE

 Address:
 552 N OCEAN BLVD #1
 Address:
 552 N OCEAN BLVD #1

City-St-Zip: POMPANO BEACH FL, FL 33062 City-St-Zip: POMPANO BEACH FL, FL 33062

Title: SD (X) Delete Title: () Change () Addition

 Name:
 ROSEN, ARLENE
 Name:

 Address:
 552 N OCEAN BLVD #1
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARLENE ROSEN P 04/30/2008