FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 24 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26503** **(5)**

1. Corporation Name

TIARA TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ELLIOTT MANAGEMENT 1105 12TH ST VERO BEACH FL 32960	% ELLIOTT MANAGEMENT 1105 12TH ST VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1988
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0173465 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % Elliott Merrill Community Mgt.	26 % Elliott Merrill Community Mgt.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MERRILL, CRAIG
ELLIOTT MANAGEMENT
1105 12TH ST
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Elliott Merrill Community Management
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ERVIN, WIN	1.2 NAME	John Oldmixon	
STREET ADDRESS	3120 N A1A #P2-5	1.3 STREET ADDRESS	3150 N. A1A, 802N	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	VD	2.1 TITLE	V.D	☒ Change ☐ Addition
NAME	OLDMIXON, JOHN	2.2 NAME	John Reidys	
STREET ADDRESS	3150 N A1A, UNIT N802	2.3 STREET ADDRESS	3150 N. A1A, 1004	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	COLUCCI, JENNIE	3.2 NAME		
STREET ADDRESS	3150 N A1A UNIT N1102	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	DEL VECCHIO, JOHN	4.2 NAME		
STREET ADDRESS	3150 N. A1A UNIT 401	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	COLETTI, ROBERT	5.2 NAME		
STREET ADDRESS	3120 N. A1A 602	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MILTON, FRANK	6.2 NAME		
STREET ADDRESS	3120 N A1A UNIT 505	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Oldmixon 4/11/95 407-569-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004491

V26503

ADDITION

13. D
Donna Gailbraith
3120 N. A1A, 14045
Ft. Pierce, FL 34949