_	FILE NOW: FILI	ING FEE IS \$61	.25		
	ONPROFIT PORATION	18 [8]	RTMENT OF STATE		
	JAL REPORT		ry of State		
	1996 43346	N 4290	CORPORATIONS		
1. Corporation	MENT # N265 0	03 (5)			
TIARA	TOWERS CONDOMINIUM	ASSOCIATION, INC.		1 10 5 1/10 1 5/15 1/10 10 5/10 1 6/10 6/10 6/10	
Principal Place	of Business	Mailing Address			\$
C/O ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH ST VERO BEACH FL 32960 US C/O ELLIOTT MERRILL C 1105 12TH ST VERO BEACH FL 32960 US			COMMUNITY MGMT.	Date Incorporated or Qualified OF 140 140 00	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		05/19/1988 4. FEI Number	04/24/1995 Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		65-0173465	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp 24	Country 25	Zıp 29	Country 30	This corporation has liability for i Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
ELLIOTT 1105 12		BEMENT	B2 Street	Address (P.O. Box Number is Not Acceptab	ie)
AFKO B	EACH FL 32960		84 City		FL 85 Zip Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was authorized	s, the above-named or d by the corporation's	orporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	it and title if applicable (NOTE	E. Registered Agent signature	equired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13, 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	OLDMIXON, JOHN		1.2 NAME		CERS AND DIRECTORS IN 12 Change Addition 2000
STREET ADDRESS CITY-ST-ZIP	3150 N AIA, 802N FT PIERCE FL		1.3 STREET ADDRESS 1.4 City-SI-ZiP		72E(
TITLE	VD	DELETE	21 TITLE 22 NAME		Change Addition
NAME STREET ADDRESS CITY-ST-2IP	REDYS, JOHN 3150 N. AIA, 1004 FT PIERCE FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	TD	DELETE	3.1 TITLE	TD BILL LOIS	Change Addition
NAME STREET ADDRESS	COLUCCI, JENNIE 3150 N A1A UNIT N1102		3.2 NAME 3.3 STREET ADDRESS	3120 D. AIA, CUIT 405	
CITY-ST-ZIP TITLE	FT. PIERCE FL SD	☐ DELETE	3.4. CITY-ST-ZIP	Ft. PIECE, FC 3494	Change Addition
NAME	DEL VECCHIO, JOHN	Octes	4. 2 NAME		Change National
STREET ADDRESS	3150 N. A1A UNIT 401		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT. PIERCE FL D	₩ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	P 00.00.5	☐ Change 🔼 Addition
NAME	COLETTI, ROBERT 3120 N. A1A 802	•	5.2 NAME	ANNE CANARIE 9150 D. AIA, VINT 10	A
STREET ADDRESS CITY-ST-ZIP	FT. PIERCE FL		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Ft. Pierce, Fr 3491	
TITLE	D	DELETE	6.1 TITLE	MIKE IZZI	Change Addition
NAME STREET ADDRESS	MILTON, FRANK 3120 N A1A UNIT 505		6.2 NAME 6.3 STREET ADDRESS	11 Enfield LANE	
City-St-ZiP	FT PIERCE FL	with this filing is valentarily femin	6.4 CITY-ST-ZIP	HAUPPOURE LT DY 1	07(3VA) Florida Statutos I further
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 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 pn an attachment with an eddress.					
	URE: John (0/////	Ild as	1-30-9	160 ELG-9853