

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N26503** (5)
1. Corporation Name
TIARA TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH ST VERO BEACH FL 32960 US	Mailing Address C/O ELLIOTT MERRILL COMMUNITY MGMT. 1105 12TH ST VERO BEACH FL 32960-3718 US
--	--

3. Date Incorporated or Qualified 05/19/1988	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0173465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**ELLIOTT MERRILL COMMUNITY MANAGEMENT
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) 83 84 City 85 Zip Code	CRAIG MERRILL 2905 N. A1A FT. PIERCE FL 34949
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Craig Merrill DATE 5/27/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	OLDMIXON, JOHN
STREET ADDRESS	3150 N A1A, 802N
CITY-ST-ZIP	FT PIERCE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	REDYS, JOHN
STREET ADDRESS	3150 N. A1A, 1004
CITY-ST-ZIP	FT PIERCE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BILL LOIS
STREET ADDRESS	3120 N A1A, UNIT 905
CITY-ST-ZIP	FT. PIERCE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DEL VECCHIO, JOHN
STREET ADDRESS	3150 N. A1A UNIT 401
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANNE CANARIE
STREET ADDRESS	3150 N A1A, UNIT 102
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MILTON, FRANK
STREET ADDRESS	3120 N A1A UNIT 505
CITY-ST-ZIP	FT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELEANOR EADES
1.3 STREET ADDRESS	3120 N. A1A, #405
1.4 CITY-ST-ZIP	FT. PIERCE FL 34949
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOUIS MARCKISANO
2.3 STREET ADDRESS	3150 N. A1A, #503
2.4 CITY-ST-ZIP	FT. PIERCE, FL 34949
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NORMAN MOLZ
4.3 STREET ADDRESS	3120 N. A1A, #301
4.4 CITY-ST-ZIP	FT. PIERCE, FL 34949
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MIKE IZZI
6.3 STREET ADDRESS	3120 N. A1A #602
6.4 CITY-ST-ZIP	FT. PIERCE FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Craig Merrill DATE 5/27/97

CR2E037 (9/96)

PLEASE ADD:

D
HEINZ EILMES
3150 N. A1A, #PH 1-4
FT. PIERCE, FL 34949