


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90057 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26503					
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 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/19/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0173465	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ELLIOTT MERRILL COMMUNITY MANAGEMENT CRAIG MERRILL 2905 N. A1A FT. PIERCE FL 34949			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PD	<input type="checkbox"/> DELETE					
NAME	EADES, ELEANOR						
STREET ADDRESS	3120 N. A1A, #405						
CITY-ST-ZIP	FT PIERCE FL						
TITLE	D	<input checked="" type="checkbox"/> DELETE					
NAME	MARCKESAND, LOUIS						
STREET ADDRESS	3150 N. A1A, #503						
CITY-ST-ZIP	FT PIERCE FL						
TITLE	TD	<input type="checkbox"/> DELETE					
NAME	COLTON, RAY						
STREET ADDRESS	3120 N A1A #1301						
CITY-ST-ZIP	FT. PIERCE FL						
TITLE	VD	<input type="checkbox"/> DELETE					
NAME	STULL, AL						
STREET ADDRESS	3150 N A1A #PH3-4						
CITY-ST-ZIP	FT. PIERCE FL						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	EILMES, HEINZ						
STREET ADDRESS	3150 N A1A #PH1-4						
CITY-ST-ZIP	FT. PIERCE FL						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	TURNER, CLARENCE						
STREET ADDRESS	3120 N A1A #1202						
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	Lloyd Sullivan						
1.3 STREET ADDRESS	3120 N. A1A Unit S-703						
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949						
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME	Marie Coletti						
2.3 STREET ADDRESS	3120 N A1A Unit S-602						
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34949						
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME	Frank Flaherty						
3.3 STREET ADDRESS	3120 N. A1A Unit S-404						
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34949						
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME	JAMES GIAMBALVO						
4.3 STREET ADDRESS	3150 N. A1A Unit W-605						
4.4 CITY-ST-ZIP	Ft Pierce, FL 34949						
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME	Edward Canarie						
5.3 STREET ADDRESS	3150 N. A1A Unit N102						
5.4 CITY-ST-ZIP	Ft Pierce, FL 34949						
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME	BOB HALL						
6.3 STREET ADDRESS	3150 N. A1A Unit N1104						
6.4 CITY-ST-ZIP	Ft Pierce, FL 34949						

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **3/30/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0021173

CR2E037 (1/1/98)