

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26503

1. Entity Name

TIARA TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90001 031 \*\*\*\*61.25

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0173465	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIOTT MERRILL COMMUNITY MANAGEMENT  
CRAIG MERRILL  
2905 N. A1A  
FT. PIERCE FL 34949

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
28 N. Causeway DRIVE  
Suite 3  
City  
Ft. Pierce FL Zip Code  
34946

8. 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 Craig Merrill DATE 1/11/00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EADES, ELEANOR 3120 N. A1A, #405 FT PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLETTI, MARIE 3120 N AIA UNIT S-802 FT PIERCE FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLAHERY, FRANK 3120 N AIA UNIT S-404 FT. PIERCE FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIAMBALVO, JAMES 3150 N AIA UNIT W-605 FT. PIERCE FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANARIE, EDWARD 3150 N AIA UNIT W-605 FT. PIERCE FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BOB 3150 N AIA UNIT W-605 FT. PIERCE FL 34949	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MR LLOYD SULLIVAN 3120 N. A1A #703 FT. PIERCE, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MR HARRY STEWART 3120 N. A1A #1403 FT. PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERT GOODMAN 3150 N. A1A #1005 FT. PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER BELLEZZA 3150 N. A1A #1005 FT. PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES MEALON 3150 N. A1A #403 FT. PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED DATE 1/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)