

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90366 013 \*\*\*\*61.25

**DOCUMENT # N26503**

1. Entity Name

**TIARA TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O ELLIOTT MERRILL COMMUNITY MGMT  
 1105 12TH ST  
 VERO BEACH FL 32960  
 US

C/O ELLIOTT MERRILL COMMUNITY MGMT.  
 1105 12TH ST  
 VERO BEACH FL 32960  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0173465**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: **Elliott Merrill Community mgmt.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**Craig Merrill**  
**28 N. Causeway Drive, Suite 3**  
 City: **Ft. Pierce** FL Zip Code: **34949**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MOLZ, SUZI	
STREET ADDRESS	3120 N A1A #301S	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTER, GEORGE	
STREET ADDRESS	3120 N A1A #1205S	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEWART, HARRY	
STREET ADDRESS	3120 N A1A #1403	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOOSMAN, ROBERT	
STREET ADDRESS	3150 N A1A #1005	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELLEZZA, PETER	
STREET ADDRESS	3150 N A1A #1005	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEALEY, CHARLES	
STREET ADDRESS	3150 N A1A #403	
CITY-ST-ZIP	FT. PIERCE FL 34949	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molz, Suzi	
STREET ADDRESS	3120 N A1A, 301	
CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	Sec/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	monter, George	
STREET ADDRESS	3120 N. A1A, 1205S	
CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Harry	
STREET ADDRESS	3120 N.A1A, 1403	
CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	Pres/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goosman, Robert	
STREET ADDRESS	3150 N A1A, 1005	
CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	Treas/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellezza, Peter	
STREET ADDRESS	3150 N. A1A, #1005 1202	
CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	VP/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mealey, Charles	
STREET ADDRESS	3150 N. A1A, 403	
CITY-ST-ZIP	Ft. Pierce, FL 34949	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)