


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90358 017 \*\*\*\*61.25

<b>DOCUMENT # N26503</b>					
1. Entity Name TIARA TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BEACH, FL 32960 US			Mailing Address C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELLIOTT MERRILL COMMUNITY MANAGEMENT CRAIG MERRILL 835 20TH PLACE VERO BEACH, FL 32960				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	CHICK, HOEHN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3120 N A1A #502S		NAME	
STREET ADDRESS		FORT PIERCE, FL 34949		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VPD	MONTER, GEORGE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3120 N A1A #1205S		NAME	
STREET ADDRESS		FT PIERCE, FL 34949		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	TD	ALVANDIAN, AL ARMAND	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3120 N A1A #504		NAME	Pres/Dir AL
STREET ADDRESS		FT. PIERCE, FL 34949		STREET ADDRESS	Alvandian, # 504
CITY-ST-ZIP				CITY-ST-ZIP	3120 N. A1A, # 504
TITLE	D	SANDS, YVONNE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3120 N A1A #701		NAME	
STREET ADDRESS		FT. PIERCE, FL 34949		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	PD	BELLEZZA, PETER	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3150 N A1A #1005		NAME	Sec/Dir Brian
STREET ADDRESS		FT. PIERCE, FL 34949		STREET ADDRESS	Gustaitis, Brian
CITY-ST-ZIP				CITY-ST-ZIP	3120 N. A1A, # 1405
TITLE	SD	MEALEY, CHARLES	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3150 N A1A #403		NAME	Treas/Dir
STREET ADDRESS		FT. PIERCE, FL 34949		STREET ADDRESS	M. Kesh, James
CITY-ST-ZIP				CITY-ST-ZIP	3120 N. A1A, 1501
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Date: Jan 10, 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AL ALVANDIAN			Daytime Phone #: 772-464-5731		