
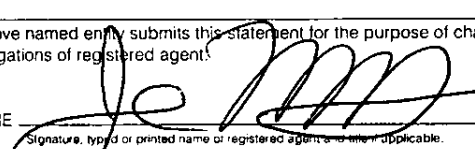
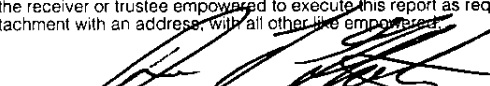


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90039 009 \*\*\*\*61.25

<b>DOCUMENT # N26503</b> 1. Entity Name <b>TIARA TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BEACH, FL 32960 US</b>			Mailing Address <b>C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BEACH, FL 32960 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0173465</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ELLIOTT MERRILL COMMUNITY MANAGEMENT CRAIG MERRILL 835 20TH PLACE VERO BEACH, FL 32960</b>				7. Name and Address of New Registered Agent Name <b>Jane Cornett, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 SE Osceola Street</b> Suite <b>101</b> City <b>Stuart</b> FL Zip Code <b>34994</b>	
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  <small>Signature, typed or printed name of registered agent and agent is applicable.</small>				DATE <b>3.10.08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May be Added to Fees - <input type="checkbox"/>	
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUGGIERO, NOVELLO		NAME	Novello Ruggiero	
STREET ADDRESS	3150 N A1A #1303		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLAHAN, JUDY		NAME		
STREET ADDRESS	3150 N A1A #203		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALVANDIAN, AL		NAME	Doug Chartrand	
STREET ADDRESS	3120 N A1A #504		STREET ADDRESS	3120 N. A1A #505	
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP	FT. Pierce, FL 34949	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDS, YVONNE		NAME		
STREET ADDRESS	3120 N A1A #701		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUSTAITIS, BRIAN		NAME		
STREET ADDRESS	3120 N A1A #1405		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKESH, JAMES		NAME	James Mikesh	
STREET ADDRESS	3120 A1A #1501		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>Feb 26, 2008</b> Daytime Phone <b>772 410 1441</b>		

ATTACHMENT

48060568  
# N26503

TIARA TOWERS CONDOMINIUM ASSOCIATION  
C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT  
835 20<sup>TH</sup> PLACE  
VERO BEACH, FL 32960  
772-466-2630

OFFICERS AND DIRECTORS

Addition

Director  
Christos Tzanetakos  
3120 N. A1A #503  
Ft. Pierce, FL 34949