

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90068 020 ****61.25

DOCUMENT # N26503

1. Entity 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

C/O Elliott Merrill Comm. Mgmt

Suite, Apt. #, etc.

835 20th Place

City & State

Vero Beach, FL

Zip

32960

Country

USA

3. Mailing Address

C/O Elliott Merrill Comm. Mgmt.

Suite, Apt. #, etc.

835 20th Place

City & State

Vero Beach, FL

Zip

32960

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

ELLIOTT MERRILL COMMUNITY MANAGEMENT
CRAIG MERRILL
28 N CAUSEWAY DRIVE, SUITE 3
FORT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name **Elliott Merrill Community Mgmt.**

Street Address (P.O. Box Number is Not Acceptable)

Craig Merrill

835 20th Place

City

Vero Beach

FL

Zip Code

32960

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phail, Gordon	
STREET ADDRESS	3150 N. A1A, 601N	
CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	Sec/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monter, George	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treas/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Harry	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goosman, Robert	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellezza, Peter	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mealey, Charles	
STREET ADDRESS		
CITY-ST-ZIP		

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:

Suzi Molz

02/04/03 4615381

CR2E037 (10/02)