

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31898 (2)

1. Corporation Name

TIERRA DEL REY NORTH PROPERTY OWNERS ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

C/O MARTIN PROP MGMT CO
1489 W PALMETTO PK RD #414
BOCA RATON FL 33486
US1489 W. PALMETTO PARK ROAD
414
BOCA RATON FL 33486-3327
US3. Date Incorporated or Qualified
04/24/19893a. Date of Last Report
02/13/1996

4. FEI Number

65-0248480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21 90 Bohica Prop. LTD

26 3850 NW 2 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3850 NW 2 Avenue

27 # 2

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33431

25 Palm Bch

29 33431

30 Palm Bch

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCIA M. COLLINS C/O MARLIN PROPERTY
1489 W. PALMETTO PARK RD.
414
BOCA RATON FL 33486

81 Name

Marcia M. Collins

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

3850 NW 2 Avenue

83

2

84

Boca Raton

FL

85

Zip Code
33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NOLAN, WENDY	
STREET ADDRESS	1489 WEST PALMETTO PARK ROAD, # 414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GORNDDT, GREY	
STREET ADDRESS	1489 W. PALMETTO PARK RD., #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRITCHARD, DOROTHY	
STREET ADDRESS	1489 W PALMETTO PARK RD., #414	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Nolan, Wendy		
1.3 STREET ADDRESS	3850 NW 2 Avenue		
1.4 CITY-ST-ZIP	Boca Raton, FL 33431		
2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Crabb, Michael		
2.3 STREET ADDRESS	3850 NW 2 Avenue		
2.4 CITY-ST-ZIP	Boca Raton, FL 33431		
3.1 TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Krost, Stuart		
3.3 STREET ADDRESS	3850 NW 2 Avenue		
3.4 CITY-ST-ZIP	Boca Raton, FL 33431		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Nolan

2/4/97 561-750-8822

Date

Daytime Phone # 0045078

CR2E037 (9/96)