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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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 BOCHICA PROP LTD  
3850 NW 2 AVE  
BOCA RATON FL 33431  
US

3850 NW 2ND AVE  
414  
BOCA RATON FL 33431  
US

3. Date Incorporated or Qualified

04/24/1989

4. FEI Number

65-0248480

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCIA M COLLINS  
3850 NW 2ND AVE  
#2  
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

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  
NAME NOLAN, WENDY  
STREET ADDRESS 3850 NW 2ND AVE  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

1.1 TITLE PD  
1.2 NAME Marder, Matthew  
1.3 STREET ADDRESS 3850 NW 2 Avenue  
1.4 CITY-ST-ZIP Boca Raton, FL  
☐ Change ☒ Addition

TITLE VPD  
NAME CRABB, MICHAEL  
STREET ADDRESS 3850 NW 2ND AVE  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETE

2.1 TITLE STD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE STD  
NAME KROST, STUART  
STREET ADDRESS 3850 NW 2ND AVE  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETE

3.1 TITLE VPD  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 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:

*[Handwritten signatures: Mortham, Crabb, 2-17-98 561-750-8822]*

CR2E037 (10/97)