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NONPROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N31899

appears in Block 12 or Block 13 if changed

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SIGNATURE AND T

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

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TIERRA DEL REY SOUTH PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business Mailing Address 10621 EL CABALLO COURT C/O MARLIN PROPERTY MANAGEMENT **DELRAY BEACH FL 33446** 1489 WEST PALMETTO PARK ROAD, SUITE 414 **BOCA RATON FL 33486** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1989 03/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21¢/o Marlin Prop Mgmt Co 59-2160282 Not Applicable 1489°W Palmetto Pk Rd Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required ---Suite # 414 City & State Boca Raton, City & State 6. Election Campaign Financing \$5.00 May Be F128 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 33486 Palm Beach 25 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Linda Reiner / Marlin Prop Mgmt Co. BARNOVITZ, DAVID M Street Address IP.O. Box Number is Not Acceptable) 10621 EL CABALLO COURT 83 **DELRAY BEACH FL 33446** 414 Suite City Boca Raton 84 85 33486 p502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered digent, I am Section 617.0503, Florida Statutes. 11. Pursuant to the proj of Sections 617.0502 or registered agen familiar with, and a , or both, in the State of coepy the obligations of, SIGNATURE (NOTE: Registered Agent signature required when relastating) DATE (12/95)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change Addition NAME PUSATERI. DANA 12 NAME **CR2E037** 10323 EL CABALLO COURT STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP 1.4 CITY - ST - ZIP TIFLE DELETE Change 2.1 TITLE Addition NAME NUSSBAUM, JACK 2.2 NAME 10879 EL CABALLO COURT STREET ADDRESS 2.3 STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE **X**DELETE Addition 3.1 TITLE Change BARNOVITZ, DAVID M NAME 3.2 NAME Barnovitz, Phyllis STREET ADDRESS 10621 EL CABALLO COURT 3 3 STREET ADDRESS 10621 El Caballo Court **DELRAY BEACH FL 33446** CITY-ST-ZiP 34 CITY-ST-ZIP Delray Beach, Fl DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S7 - 7/2 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST-ZIP DELETE Change THILE 6 1 TITLE ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the convoration of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name