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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31899 (0)

1. Corporation Name

TIERRA DEL REY SOUTH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MARLIN PROP MGMT CO
1489 W PALMETTO PARK ROAD, SUITE 414
BOCA RATON FL 33486
US

C/O MARLIN PROPERTY MANAGEMENT
1489 WEST PALMETTO PARK ROAD, SUITE 414
BOCA RATON FL 33486-3327

3. Date Incorporated or Qualified
04/24/1989

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 % Bohica Prop.
Suite, Apt. #, etc.
22 3850 NW 2 Ave, # 2

26 % Bohica Prop.
Suite, Apt. #, etc.
27 3850 NW 2 Ave, # 2

23 Boca Raton, FL

28 Boca Raton, FL

24 Zip 33431 Country Palm Bch

29 Zip 33431 Country Palm Bch

4. FEI Number 59-2160282 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINER, LINDA / MARLIN
1489 W PALMETTO PARK ROAD
SUITE 414
BOCA RATON FL 33486

81 Name Marcia Collins
82 Street Address (P.O. Box Number is Not Acceptable) 3850 NW 2 Avenue, # 2
83
84 City 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 Marcia Collins MARCIA COLLINS DATE 2/10/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PUSATERI, DANA	
STREET ADDRESS	10323 EL CABALLO COURT	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NUSSBAUM, JACK	
STREET ADDRESS	10879 EL CABALLO COURT	
CITY - ST - ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNOVITZ, PHYLLIS	
STREET ADDRESS	10621 EL CABALLO COURT	
CITY - ST - ZIP	DELRAY BEACH 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Embres	
1.3 STREET ADDRESS	3850 NW Boca Raton Blvd	
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	Kathy McGinnis	
2.3 STREET ADDRESS	3850 NW Boca Raton Blvd	
2.4 CITY - ST - ZIP	Boca Raton, FL 33431	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George J. Karr	
3.3 STREET ADDRESS	3850 NW Boca Raton Blvd	
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: *Kathy McGinnis* REQUIRED KATHY MCGINNIS DATE 2/10/97 882-251-750-
Signature and typed or printed name of signing officer or director. Date Daytime Phone # (Area Code)

CR2E037 (9/96)