FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35818

(6)

Mailing Address

WANDER RESIDENCES OF TIERRA VERDE CONDOMINIUM AS SOCIATION, INC.

5901 SUN BLVD 203 St. Petersburg fl 33715		5901 SUN BOULEVARD SUITE 203 ST. PETERSBURG FL 33715-1194			
US		US		3. Date incorporated or Qualified 12/27/1989	3a. Date of Last Report 02/07/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3023695	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Nam	В	
NEWTON	i, William		82 Stree	1 Address (P.O. Box Number is Not Acceptab	No.
5901 SW BOULEVARD #203			83	Address (P.O. Box Number is Not Acceptate	
5999 CENTRAL AVE SUITE 104			63	•	
	ERSBURG FL 33715		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Stat	utes, the above-name	d corporation submits this statement for the proporation's board of directors. I hereby accept	ourpose of changing its registered
agent. I a	m familiar with, and accept the obli	igations of, Section 617.0503,	Florida Statutes.	rportation a court of an actions. Thereby accept	st the appointment as registered
SIGNATURE					
<u> </u>	Signature, typed or printed name of registered a		OTE: Registered Agent signat		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.9 TITLE		Change Addition
NAME	SEIBERT, HANS-KARL		1.2 NAME		
STREET ADDRESS	5901 SUN BLVD. #203		1.3 STREET ADDRESS	5 	·
CITY-ST-ZIP	ST-PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	President	Change
NAME	TIMMESFELD, DR. KARL-HE	INZ	2.2 NAME	\downarrow	
STREET ADDRESS	5901 SUN BLVD #203		2.3 STREET ADDRESS	3	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	± 1 . The second of \mathbb{R}_{+}	
TITLE	TD	DELETE	3.1 TITLE		Addition
NAME	Ludwigs, Hans		3.2 NAME	Eberhard Auth	1
STREET ADDRESS	5901 SUN BLVD #203		3.3 STREET ADDRESS		203
CITY - ST - ZIP	ST PETERSBURG FL		3.4. City-St-ZiP	St. Petersburg,	
TITLE	VD	☐ DELETE	4.1 TITLE	De. recerabuty,	Addition
NAME	SIEGLER, ENRICH		4.2 NAME		
STREET ADDRESS	5901 SUN BLVD #203		4.3 STREET ADDRESS	· ·	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY - ST - ZIP		·
TITLE	er runnium rivir	DELETE	5,1 TITLE	+ 7D	Addition
NAME			5.2 NAME	Herman Fuernsch	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 STREET ADDRES		4203
(5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	St.Petersburg, 1	Addition
					רם אקטווטיו
NAME			6.2 NAME		in the property of
STREET ADDRESS		4	6.3 STREET ADORES	5	
CITY OF 740			CAPITY_CT. 7ID	1	_

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 SIGNAMO OFFICER OR DIRECTOR

Jan. 27 1997

011-49-6431-40433 Daytine Phone # 0051141

FILED

Feb 18 1997 8:00am

Secretary of State