2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
3114868534CC

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Entity Name: TIERRA DEL REY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CME MANAGEMENT GROUP
10320 FLORES DRIVE
BOCA RATON, FL 33428

Current Mailing Address:

6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

FEI Number: 59-2160282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAX SACHS CAPLAN
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN RAPPAPORT 02/10/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	RIPPS, ANDREW	Name	KLEIN, TREVOR
Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE	Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	DIRECTOR	Title	SECRETARY
Name	MASSARI, MICHAEL	Name	FASH, WILLIAM
Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE	Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	VP	Title	DIRECTOR
Name	JOHN, POLETTO	Name	BECKER, ROBERT
Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE	Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	DIRECTOR	Title	DIRECTOR
Name	KROST, STUART	Name	SINGER, ANN
Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE	Address	C/O CME MANAGEMENT GROUP 10320 FLORES DRIVE
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW RIPPS PRESIDENT 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date