

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26503

Entity Name: TIARA TOWERS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3120-3150 N A1A
FT PIERCE, FL 34949**Current Mailing Address:**C/O ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PLACE
VERO BEACH, FL 32960 US**FEI Number:** 65-0173465**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORNETT, JANE ESQ
401 SE OSCEOLA ST STE 101
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	HORNBAKER, CECIL
Address	3150 N A1A #703
City-State-Zip:	FT. PIERCE FL 34949

Title	PRESIDENT
Name	CARROLL, TOM
Address	3150 N A1A #804
City-State-Zip:	FT. PIERCE FL 34949

Title	VP
Name	MURPHY, KAREN
Address	3120 N A1A #102
City-State-Zip:	FT PIERCE FL 34949

Title	DIRECTOR
Name	FAIRCLOUGH, BOB
Address	3150 N A1A #1503
City-State-Zip:	FT PIERCE FL 34949

Title	DIRECTOR
Name	ALEXANDER, BOB
Address	3120 N A1A #903
City-State-Zip:	FT PIERCE FL 34949

Title	DIRECTOR
Name	WEBSTER, EDWARD
Address	3120 N A1A #1201
City-State-Zip:	FT PIERCE FL 34949

Title	DIRECTOR
Name	CZINCILA, BOB
Address	3150 N A1A #404
City-State-Zip:	FT PIERCE FL 34949

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: TOM CARROLL

PRES

03/23/2023

Electronic Signature of Signing Officer/Director Detail_____
Date