

FILE NOW: FILING FEE IS \$61.25

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Feb 25 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 # 745068 (7)  
1. Corporation Name  
TIFFANY PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
7000 GULF DR. HOLMES BCH. FL 34217  
7000 GULF DR. HOLMES BCH. FL 34217-1378

3. Date Incorporated or Qualified 11/28/1978  
3a. Date of Last Report 04/24/1996  
4. FEI Number 59-1972651  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
DYE & SCOTT, P.A.  
1111 THIRD AVE. WEST  
SUITE 300  
BRADENTON FL 34206  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDLEY, MRAK	1.2 NAME	D
STREET ADDRESS	463 AKRON RD.	1.3 STREET ADDRESS	CARMINE STELLA
CITY-ST-ZIP	WADSWORTH OH 44281	1.4 CITY-ST-ZIP	120 RIO VISTA DRIVE
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	NORWOOD, NJ. 07648 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDER, RONALD	2.2 NAME	
STREET ADDRESS	16114 BURR OAK	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTLEY IL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, SHEILA	3.2 NAME	MICHAEL LUCY
STREET ADDRESS	180 CRANSTON COURT	3.3 STREET ADDRESS	33 HILLTOP DRIVE
CITY-ST-ZIP	GLEN ELLYN IL 60137	3.4 CITY-ST-ZIP	WENHAM, MA. 01984
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, THOMAS	4.2 NAME	THOMAS FULLER
STREET ADDRESS	2095 SHERWOOD LANE	4.3 STREET ADDRESS	2095 SHERWOOD LANE
CITY-ST-ZIP	MINNETONKA MN	4.4 CITY-ST-ZIP	MINNETONKA, MN. 55305
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DAVIS, JOHN	5.2 NAME	
STREET ADDRESS	1020 CURLEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 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: *Dorinda O. Fullmer* MANAGER 2/14/97 (941) 778-5808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062182

CR2E037 (9/96)