FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

TIFFAI	NY PLACE CONDOMINIUI	M ASSOCIATION, INC.					i i i i i i i i i i i i i i i i i i i		
Principal Place of Business Mailing Address							DIA DIDIA DIDII DIDII	OLDIL DİQLI İQQI	
7000 GULF DR. 7000 GULF DR. HOLMES BCH. FL 34217 HOLMES BCH. FL 34217						3. Date Incorporated or Qualified 11/28/1978			
Ì					4. F	El Number		oplied For	
9 Principal C	Place of Business	2s. Mailing Address				<u>59-1972651</u>		lot Applicable	
21 26					5. 0	Certificate of Status Desired		Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.					a F	lection Campaign Financing		Required May Be	
22 27						rust Fund Contribution		to Fees	
City & State City & State					7. 1	s this nonprofit corporation a home			
23 28									
Zip	Country	Zip	Country		8. T	his corporation owes or has paid the	e current year in		
24	25	29 3	0			ersonal Property Tax due June 30.		□ No	
<u> </u>	9. Name and Address of Cur	rrent Registered Agent	81	Name		lame and Address of New Registe	red Agent		
			"	1461116					
DYE & SCOTT, P.A.			82	Street	Address (P.C). Box Number is Not Acceptable)			
1111 THIRD AVE. WEST SUITE 300			63			· · · · · · · · · · · · · · · · · · ·			
	-								
DIVAUE	NTON FL 34208		84	City			FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.	0502 and 617,1508. Florida Statutes	the above	-named	corporation			its registered	
office or r	registered agent, or both, in the St	0502 and 617.1508, Florida Statutes tate of Florida. Such change was au oligations of, Section 617.0503, Flori	thorized by	the corp	poration's bo	ard of directors. I hereby accept the	appointment as	s registered	
	un lamiliar with, and accept the ot	origations of, Section 617,0000, Floris	ua Statutes	1.					
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: F	Registered Age	nt signature	e required when re	inetating) DA	TE.		
12.	OFFICERS	AND DIRECTORS	13.		AD	DITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE	D	DELETE	1.1 TITLE				Change	Addition	
NAME	STELLA, CARMINE	1.2 N			7 **				
STREET ADDRESS	120 RIO VISTA DR	1.3		1.3 STREET ADDRESS				•	
CITY-ST-ZIP	NORWOOD NJ			T-ZIP	e de la co	. Ista			
TITLE	D	X DELETE	2.1 TITLE		D		Change	Addition	
NAME	ARDER, RONALD		2.2 NAME		RICHA	RD ESTOCK			
STREET ADDRESS	16114 BURR OAK		2.3 STREET	-	3440	COLONIAL AVENUE			
CITY-ST-ZIP TITLE	HUNTLEY IL	DELETE	2.4 CITY-S	IT-ZIP	EKIE,	PA-16506	☐ Change	Addition	
NAME	DS Lucy, Michael		3.1 TITLE 3.2 NAME				Criange	C Monton	
STREET ADDRESS	33 HILLTOP DR		3.2 NAME	AUUDEGG					
CITY-ST-ZIP	WENHAM MA			T-ZIP					
TITLE	DP	DELETE 4.1		1-211			Change	Addition	
NAME	FULLER, THOMAS		4.2 NAME						
STREET ADDRESS	2095 SHERWOOD LANE			ADDRESS					
CITY-ST-ZIP		MINNETONKA MN		4.4 CITY-ST-ZIP					
TITLE	DT			5.1 TITLE			Change	Addition	
NAME	DAVIS, JOHN	5.2 N							
STREET ADDRESS	1020 CURLEW DR 5.3S		5.3 STREET	ADDRESS					
CITY-ST-ZIP	VIRGINIA BEACH VA 23451 5.40		5.4 CITY-ST	I - ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME									
PENNE			6.2 NAME						
STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS					

14. I 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.

FILED

Feb 26 1998 8:00am

Secretary of State