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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745068

1. Corporation Name

TIFFANY PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7000 GULF DR.
 HOLMES BCH. FL 34217

Mailing Address

7000 GULF DR.
 HOLMES BCH. FL 34217



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/28/1978

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	STELLA, CARMINE	120 RIO VISTA DR	NORWOOD NJ	<input checked="" type="checkbox"/>
ST	ESTOCK, RICHARD	3440 COLONIAL AVE	ERIE PA 16506	<input type="checkbox"/>
DS	LUCY, MICHAEL	33 HILLTOP DR	WENHAM MA	<input type="checkbox"/>
DT	FULLER, THOMAS	2095 SHERWOOD LANE	MINNETONKA MN	<input checked="" type="checkbox"/>
DT	DAVIS, JOHN	1020 CURLEW DR	VIRGINIA BEACH VA 23451	<input type="checkbox"/>
DT				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
Werner Schoenknecht	1283 Pinetree Trail	Harbor Springs, MI 40740		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Robert McPherson	1830 Taylor Avenue	Winter Park, FL 32789		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-1999 844-833-7400
 Date Daytime Phone #

CR2E037-(11/98)