

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90087 050 ****61.25

DOCUMENT # 745068
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-1972651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

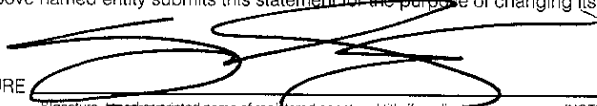
6. Name and Address of Current Registered Agent

DYE DEITRICH PRATHER PETRUFF & ST PAUL P.L
1111 THIRD AVE. WEST
SUITE 300
BRADENTON FL 34206

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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  **STEPHEN R. DYE** (NOTE: Registered Agent signature required when reinstating)

DATE **2-21-01**

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

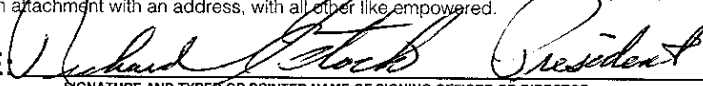
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REID, ROBERT	
STREET ADDRESS	228 CHRISTIE KNOLL SW	
CITY-ST-ZIP	CALGARY, CANADA T3H 2R9	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ESTOCK, RICHARD	
STREET ADDRESS	3440 COLONIAL AVE	
CITY-ST-ZIP	ERIE PA 16506	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LUCY, MICHAEL	
STREET ADDRESS	33 HILLTOP DR	
CITY-ST-ZIP	WENHAM MA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCPHERSON, ROBERT	
STREET ADDRESS	1830 TAYLOR AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAVIS, ESTELLE	
STREET ADDRESS	1020 CURLEW DR	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Richard Estock President** DATE **2-16-01** DAYTIME PHONE # **814-833-7400**

CR2E037 (10/00)