

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90082 024 ****61.25

DOCUMENT # 745068

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1972651

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *Richard Weber and Associates*

Street Address (P.O. Box Number is Not Acceptable)

738 10th Street West

City *Palmetto*

FL

Zip Code

34221

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

Richard J. Weber

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

(NOTE: Registered Agent signature required when reinstating)

2/15/02

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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 checked="" 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		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Arber, Row W.</i>	
STREET ADDRESS	<i>16114 Burr Oak</i>	
CITY-ST-ZIP	<i>Huntley, Illinois 60141</i>	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Davis John</i>	
STREET ADDRESS	<i>3810 Atlantic Avenue #901</i>	
CITY-ST-ZIP	<i>Virginia Beach, Va. 23451</i>	
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:

Diana Davenport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 941 778-1970

Date

Daytime Phone #

CR2E037 (9/01)