


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90022 028 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RICHARD WEBER & ASSOC. 738 10TH ST. WEST PALMETTO, FL 34221				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, ROBERT			NAME	
STREET ADDRESS	228 CHRISTIE KNOLL POINT S.W.			STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA, CA 73HR9			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, LUCY			NAME	LUCY, MICHAEL
STREET ADDRESS	331 HILLTOP DR.			STREET ADDRESS	
CITY-ST-ZIP	WENHAM, MA 01984			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, ROBERT			NAME	
STREET ADDRESS	1830 TAYLOR AVE.			STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARDER, RON W			NAME	MCKENDRY, RICHARD
STREET ADDRESS	1020 CRESTWOOD CIR			STREET ADDRESS	35 OAKMONT COURT
CITY-ST-ZIP	SAINT CHARLES, IL 60175			CITY-ST-ZIP	EAST AMHERST, NY 14051
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOHN			NAME	
STREET ADDRESS	3810 ATLANTIC AVE., #901			STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, WILLIAM			NAME	DT
STREET ADDRESS	570 CRESCENT BLVD., #505			STREET ADDRESS	
CITY-ST-ZIP	GLEN ELLYN, IL 60137			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: <i>[Signature]</i>				Date: 5/15/04 941-778-5808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	