
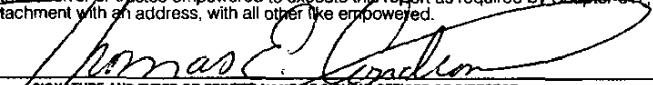


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90019 025 ****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 Po Box 1607	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOLMES BEACH FL	
Zip	Country	Zip	Country
		34218	USA
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		7. Name and Address of New Registered Agent	
RICHARD WEBER & ASSOC. 738 10TH ST. WEST PALMETTO, FL 34221		Name TOM CONDRON	
		Street Address (P.O. Box Number is Not Acceptable) 6400 MANATEE AVE W STE G	
		City BRADENTON FL	
		Zip Code 34209	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 REID, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	228 CHRISTIE KNOLL POINT S.W.	NAME	
STREET ADDRESS	CALGARY, ALBERTA, CA 73HR9	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP LUCY, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	331 HILLTOP DR.	NAME	
STREET ADDRESS	WENHAM, MA 01984	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP MCPHERSON, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1830 TAYLOR AVE.	NAME	
STREET ADDRESS	WINTER PARK, FL 32789	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MCKENDRY, RICHARD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	35 OAKMONT COURT	NAME	RICHARD ESTOCK
STREET ADDRESS	EAST AMHERST, NY 14051	STREET ADDRESS	3440 COLONIAL AVE
CITY-ST-ZIP		CITY-ST-ZIP	ERIE PA 16506
TITLE	DT FORD, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	570 CRESCENT BLVD., #505	NAME	
STREET ADDRESS	GLEN ELLYN, IL 60137	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TOM CONDRON
STREET ADDRESS		STREET ADDRESS	6400 MANATEE AV W STE G
CITY-ST-ZIP		CITY-ST-ZIP	BRADENTON FL 34209
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			