2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745068

FILED Mar 21, 2009 Secretary of State

Entity Name: TIFFANY PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7000 GULF DR. HOLMES BCH., FL 34217 **Current Mailing Address: New Mailing Address:** POB 1607 PO BOX 1607 HOLMES BEACH, FL 34218 HOLMES BEACH, FL 34218 FEI Number: 59-1972651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDRON, TOM HOLMES BEACH PROPERTY MANAGEMENT 6400 MANATEE AVE W STE G 6400 MANATEE AVE W STE G BRADENTON, FL 34209 BRADENTON, FL 34209 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: TOM CONDRON 03/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HUDSON, CAYE HUDSON, CAYE Name: Name: 2522 N. 9TH STREET Address: 2522 N. 9TH STREET Address: City-St-Zip: TERRE HAUTE, IN 47804 OC City-St-Zip: TERRE HAUTE, IN 47804 Title: () Delete Title: () Change () Addition STEWART, JAMES Name: Name: Address: 6002 E MESCAL ST Address: City-St-Zip: SCOTTSDALE, AZ 85254 City-St-Zip: Title: () Delete Title: () Change () Addition DALLY, CRAIG Name: Name: 422 SCHUENECK AVE Address: Address: City-St-Zip: NAZARETH, PA 18064 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: LUCY, MIKE Name: LUCY, MIKE 33 HILLTOP DR Address: Address: 1002 MOSS HAVEN CT City-St-Zip: WENHAM, MA 01984 City-St-Zip: ANNAPOLIS, MD 21403 Title: () Delete Title: () Change () Addition MARVIN, DOUG Name: Name: 4501 DEMBY DRIVE Address: Address: City-St-Zip: FAIRFAX, VA 22032 City-St-Zip: Title: () Delete Title: () Change () Addition CONDRON, TOM Name: Name: Address: 6400 MANATEE AVE W STE G Address: BRADENTON, FL 34209 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CONDRON M 03/21/2009