

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2008
Secretary of State**

DOCUMENT# N06000007548

Entity Name: THE TIFFANY CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2583 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

2583 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCARDI, MIKE
2583 S. VOLUSIA AVENUE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SENEZ, BERNARD E SR.
Address: 755 EASTRIDGE DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: SENEZ, KATHLEEN M SR.
Address: 755 EASTRIDGE DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: ACCARDI, J. ROGER
Address: 449 HIGHTOWER DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: ACCARDI, MIKE
Address: 194 BRASSINGTON DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MIKE ACCARDI

D

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date