

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007548

FILED  
Jan 20, 2009  
Secretary of State

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:

2583 S. VOLUSIA AVENUE  
SUITE 100  
ORANGE CITY, FL 32763

## Current Mailing Address:

2583 S. VOLUSIA AVENUE  
ORANGE CITY, FL 32763

## New Mailing Address:

2583 S. VOLUSIA AVENUE  
SUITE 100  
ORANGE CITY, FL 32763

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:

ACCARDI, MIKE  
2583 S. VOLUSIA AVENUE  
SUITE 100  
ORANGE CITY, FL 32763 US

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: MIKE ACCARDI

01/20/2009

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

01/20/2009

Electronic Signature of Signing Officer or Director

Date