

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8:27

DOCUMENT # N31315 (7)

1. Corporation Name
TIFFANY PINES I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
4261 SHETLAND CT 4261 SHETLAND CT
103 103
NAPLES FL 33962 NAPLES FL 33962
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1989 3a. Date of Last Report 03/16/1994
4. FEI Number 65-0169590 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**TIMMENEY, WILLIAM W
4261 SHETLAND CT #103
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME AUBIN, DONALD
STREET ADDRESS 4261 SHETLAND CT #208
CITY - ST - ZIP NAPLES FL
TITLE VTD
NAME TIMMENEY, WILLIAM W
STREET ADDRESS 4261 SHETLAND CT #103
CITY - ST - ZIP NAPLES FL
TITLE SD
NAME PATRICK, PATRICIA
STREET ADDRESS 4261 SHETLAND CT #201
CITY - ST - ZIP NAPLES FL 33962
TITLE D
NAME KLEIN, RUSSELL
STREET ADDRESS 4261 SHETLAND CT., SUITE 102
CITY - ST - ZIP NAPLES FL
TITLE D
NAME WEINMANN, BRIDGET
STREET ADDRESS 4261 SHETLAND CT., SUITE 104
CITY - ST - ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME **DISCRASRO - DISCRASRO**
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME **DONALD VIOLETT**
6.3 STREET ADDRESS **4261 SHETLAND CT. #205**
6.4 CITY - ST - ZIP **NAPLES, FL 33962**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **WTD WILLIAM W. TIMMENEY** 6-17-95 8137936139
SIGNATURE AND ADDRESS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Here)

CR2E037 (3/95)