

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N31315 (7)
 1. Corporation Name
TIFFANY PINES I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4261 SHETLAND CT 103 NAPLES FL 33962 US		Mailing Address 4261 SHETLAND CT 103 NAPLES FL 33962 US		3. Date Incorporated or Qualified 03/22/1989	3a. Date of Last Report 06/20/1995
21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. FEI Number 65-0169590	24. Applied For Not Applicable	25. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	26. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
27. Name and Address of Current Registered Agent TIMMENEY, WILLIAM W 4261 SHETLAND CT #103 NAPLES FL 33962	28. Name and Address of New Registered Agent	29. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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
		85. Zip Code	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD AUBIN, DONALD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4261 SHETLAND CT #206	1.2 NAME	
CITY-ST-ZIP	NAPLES FL	1.3 STREET ADDRESS	
TITLE	VTD TIMMENEY, WILLIAM W	1.4 CITY-ST-ZIP	
STREET ADDRESS	4261 SHETLAND CT #103	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	NAPLES FL	2.2 NAME	
TITLE	SD PATRICK, PATRICIA	2.3 STREET ADDRESS	
STREET ADDRESS	4261 SHETLAND CT #201	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES FL 33962	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D VIOLETT, DONALD	3.2 NAME	
STREET ADDRESS	4261 SHETLAND CT., #205	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D WEINMANN, BRIDGET	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4261 SHETLAND CT., SUITE 104	4.2 NAME	
CITY-ST-ZIP	NAPLES FL	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: WILLIAM W. TIMMENEY DATE: 6-15-96 DAYTIME PHONE #: 941-992-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)