## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N31315

(7)

## TIFFANY PINES I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						s somitter and river stead hill floor	Mett Mimit miese Sinin Ather	OLDI) ALON (BO)
4261 SHETLAN	ID CT	4281 SHETLAND CT	103					
103								
NAPLES FL 33 US	502	NAPLES FL 34112-3744 US				3. Date incorporated or Qualified	3a. Date of Last F	?eport
		•••				03/22/1989	3a. Date of Last F 06/25/1	<del>)</del> 96
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 65-0169590	L A	pplied For
21		26	· · · · · · · · · · · · · · · · · · ·			0370 109390	<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired		Additional
City & State	0	City & State	City & State					equired
23	o .	28				Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zιρ	Country	Zip Country						
24	25	29	30	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re-	pistered Agent	<del></del>
			6	1 N	ame			
TIMMENEY, WILLIAM W			82 Street Ad		reet Addres	ss (P.O. Box Number is Not Acceptab	le)	
	HETLAND CT #103			╝.				·····
NAPLES	FL 33962		8	3				
			8	4 C	ity		85 Zip	Code
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized	ve-na by th€	imeo corpoi e corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of changing ( If the appointment as	ts registered registered
agent. Fai	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statut	es.			.,	•
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered A	gent sk	nature required	when reinstating)	DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	:			☐ Change	Addition
NAME	AUBIN, DONALD		1.2 NAM	E				
STREET ADDRESS	4261 SHETLAND CT #206		1.3 STRE	et addi	RESS	,		
CITY-ST-ZIP	NAPLES FL	- December	1.4 CITY		P	· · · · · · · · · · · · · · · · · · ·		
TITLE	VTD TIMMENEY, WILLIAM W	DELETE	2.1 TITLE				L. Change	
NAME STREET ADDRESS	4261 SHETLAND CT #103		2 2 NAM					
CITY-SI-ZIP	NAPLES FL		2.3 STRE 2.4 CITY					
TITLE	\$D	☐ DELETE	3.1 TITLE		F		Change	Addition
NAME	PATRICK, PATRICIA	<del></del>	32 NAM					
STREET ADDRESS	4261 SHETLAND CT #201		3.3 STRE	3.3 STREET ADDRESS		•		
CITY-ST-ZIP	NAPLES FL 33962		3.4. CITY	- ST - ZI	Р			
TITLE	D	DELETE	4.1 TITLE				☐ Change	Addition
NAME	VIOLETT, DONALD		4. 2 NAM	IE				
STREET ADDRESS	4261 SHETLAND CT., #205		4.3 STRE	et add	AESS			
CITY-ST-ZIP	NAPLES FL	Larger	4.4 City		2		F-1 - 2	a Markon
TITLE	d Weinmann, Bridget	☐ DELETE	5.1 TITLE				_ Li Change	Addition
NAME STREET ADORESS	4281 SHETLAND CT., SUITE	104	5.2 NAM					
CITY-ST-ZIP	NAPLES FL	TVI	5.3 STRE				(3K)	
TITLE	INVERVIE	☐ DELETE	5.4 CffY 6.1 TiTLE				Change	Addition
NAME		the second secon	6.2 NAM			30000219		**************************************
STREET ADDRESS			6.3 STRE	•	RESS	-05/28/970108	35019	
C.T. 07 70			V.S GIRE		in sign	***C1 OE	,,_	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it changed, or on an attachment with an address.

SIGNATURE: