

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

4261 SHETLAND CT
~~109~~
 NAPLES FL 33962
 US

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~~109~~
 NAPLES FL 33962
 US

3. Date Incorporated or Qualified
 03/22/1989

4. FEI Number
 65-0169590

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 # 206 # 206

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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 AUBIN, DONALD

82 Street Address (P.O. Box Number is Not Acceptable)
 4261 SHETLAND CT. #206

83

84 City NAPLES FL 85 Zip Code 34112

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 *Donald E. Aubin* PRESIDENT DATE JULY 12, 98

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUBIN, DONALD	
STREET ADDRESS	4261 SHETLAND CT #206	
CITY-ST-ZIP	NAPLES FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	TIMMENEY, WILLIAM W	
STREET ADDRESS	4261 SHETLAND CT #103	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PATRICK, PATRICIA	
STREET ADDRESS	4261 SHETLAND CT #201	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VIOLETT, DONALD	
STREET ADDRESS	4261 SHETLAND CT., #205	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINMANN, BRIDGET	
STREET ADDRESS	4261 SHETLAND CT., SUITE 104	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD PATRICK SOLTILANO
2.3 STREET ADDRESS	4261 SHETLAND CT. # 203
2.4 CITY-ST-ZIP	NAPLES, FL 34112
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	NONE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD JOSEPHINE VIOLETTE
4.3 STREET ADDRESS	4261 SHETLAND CT. # 205
4.4 CITY-ST-ZIP	NAPLES, FL 34112
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Donald E. Aubin* DATE: JULY 12, 1998 (941) 732-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deadline Phone #

CR2E037 (5/98)