


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90031 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31315

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

527380 - 90031 - 48

Principal Place of Business 4261 SHETLAND CT #206 NAPLES FL 34112 US	Mailing Address 4261 SHETLAND CT #206 NAPLES FL 34112 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/22/1989
21. Suite, Apt. #, etc. # 203	26. Suite, Apt. #, etc. # 203	4. FEI Number 65-0169590
22. City & State	27. City & State	Applied For Not Applicable
23. Zip 34112	28. Zip 34112	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent AUBIN, DONALD 4261 SHETLAND CT #206 NAPLES FL 34112	10. Name and Address of New Registered Agent 81 Name Sottilano, Pat R. 82 Street Address (P.O. Box Number is Not Acceptable) 4261 Shetland Ct. # 203 83 84 City Naples FL 85 Zip Code 34112
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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: *[Signature]* DATE: 5/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUBIN, DONALD		1.2 NAME Sottilano, Pat R.	
STREET ADDRESS 4261 SHETLAND CT #206		1.3 STREET ADDRESS 4261 Shetland Ct. # 203	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Naples, Fla. 34112	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLTILANO, PATRICK		2.2 NAME Allen, Don	
STREET ADDRESS 4261 SHETLAND CT #203		2.3 STREET ADDRESS 4261 Shetland Ct. # 201	
CITY-ST-ZIP NAPLES FL 34112		2.4 CITY-ST-ZIP Naples, Fla. 34112	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIOLETTE, JOSEPHINE		3.2 NAME	
STREET ADDRESS 4261 SHETLAND CT #205		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34112		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINMANN, BRIDGET		4.2 NAME	
STREET ADDRESS 4261 SHETLAND CT., SUITE 104		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** DATE: 5/29/99 (941) 793-7816

CR2E037 (1/88)