

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90142 041 \*\*\*\*61.25

**DOCUMENT # N31315**  
 Entity Name  
**TIFFANY PINES I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

61 SHETLAND CT      4261 SHETLAND CT  
 #203      #203  
 NAPLES FL 34113      NAPLES FL 34113  
 34112      34112  
 US      US



DO NOT WRITE IN THIS SPACE

Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      65-0169590      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

SOTTILARE, PAT R  
 4261 SHETLAND CT  
 #203  
 NAPLES FL 34112

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees      Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD SOTTILARE, PAT R 4261 SHETLAND CT., #203 NAPLES FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD ALLEN, DON 4261 SHETLAND CT., #201 NAPLES FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD VIOLETTE, JOSEPHINE 4261 SHETLAND CT #205 NAPLES FL 34112	<input checked="" type="checkbox"/> Delete	T.O. Catherine M. Kopsky 4261 SHETLAND CT #202 NAPLES FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D WEINMANN, BRIDGET 4261 SHETLAND CT., SUITE 104 NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Josephine Violette      1-18-2002      941-793-7467  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)