


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90045 023 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
4261 SHETLAND CT      4261 SHETLAND CT  
#203      #203  
NAPLES FL 34112      NAPLES FL 34112  
US      US


2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

00010000



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**65-0169590**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
  
ALLEN, DON  
4261 SHETLAND CT  
#201  
NAPLES FL 34112

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, DON	
STREET ADDRESS	4261 SHETLAND CT. #201	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAIN, ROBERT	
STREET ADDRESS	4261 SHETLAND CT. #206	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, YOLANDA	
STREET ADDRESS	4261 SHETLAND CT #102	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIKULSKY, CATHERINE	
STREET ADDRESS	4261 SHETLAND CT. #202	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOTTILARO, THERESE	
STREET ADDRESS	4261 SHETLAND CT. #203	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, JAMES	
STREET ADDRESS	4261 SHETLAND CT #106	
CITY-ST-ZIP	NAPLES FL 34112	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: Therese Sottilaro Therese Sottilaro      2-2-05      239-793-7811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #