

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90120 038 \*\*\*\*61.25

**DOCUMENT # N31315**

1. Entity Name

TIFFANY PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4261 SHETLAND CT  
 #203  
 NAPLES FL 34112  
 US

Mailing Address

4261 SHETLAND CT  
 #203  
 NAPLES FL 34112  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0169590

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALLEN, DON  
 4261 SHETLAND CT  
 #201  
 NAPLES FL 34112

Name

Christopher Quillen

Street Address (P.O. Box Number is Not Acceptable)

4261 Shetland Ct. #205

City

Naples

FL

Zip Code

34112

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

*Chris Quillen, Pres. & D.*

2-20-06

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME ALLEN, DON  
 STREET ADDRESS 4261 SHETLAND CT. #201  
 CITY-ST-ZIP NAPLES FL 34112

TITLE PD  Change  Addition  
 NAME Quillen, Christopher  
 STREET ADDRESS 4261 Shetland Ct. #205  
 CITY-ST-ZIP Naples, FL 34112

TITLE VD  Delete  
 NAME MAIN, ROBERT  
 STREET ADDRESS 4261 SHETLAND CT. #206  
 CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME WILSON, YOLANDA  
 STREET ADDRESS 4261 SHETLAND CT #102  
 CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME MIKULSKY, CATHERINE  
 STREET ADDRESS 4261 SHETLAND CT. #202  
 CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME SOTTILARO, THERESE  
 STREET ADDRESS 4261 SHETLAND CT. #203  
 CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME WOODS, JAMES  
 STREET ADDRESS 4261 SHETLAND CT #106  
 CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2-20-06 239-793-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payable To: #