

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90041 006 ****61.25



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

Principal Place of Business: **4261 SHETLAND CT #203 * 205 NAPLES FL 34112 US**
Mailing Address: **4261 SHETLAND CT #203 * 205 NAPLES FL 34112 US**



2. Principal Place of Business (No P.O. Box #): **4261 Shetland Ct.**
3. Mailing Address: **20037 Old Landing Rd.**

1st MOORE CR2E037 (10/07)

City & State: **Naples, FL** City & State: **Rehoboth Beach, DE**
Country: **USA** Country: **USA**
Zip: **34112** Zip: **19971**

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
**QUILLEN, CHRISTOPHER
4261 SHETLAND CT
SUITE 205
NAPLES FL 34112**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Applicable): _____
City - State - Zip Code: _____ **FL** _____

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* **CHRIS QUILLEN** DATE: **3/21/08**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	QUILLEN, CHRISTOPHER	
STREET ADDRESS	4261 SHETLAND CT., #205	
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	SD	<input type="checkbox"/> Delete
NAME	MIKULSKY, CATHERINE	
STREET ADDRESS	4261 SHETLAND CT. #202	
CITY - ST - ZIP	NAPLES FL 34112	
TITLE	TD	<input checked="" 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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quillen, Dayna	
STREET ADDRESS	4261 Shetland Ct. # 205	
CITY - ST - ZIP	Naples, FL 34112	
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 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: *Dayna Quillen* DATE: **3/21/08** ID: **302-227-0913**