

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31315

FILED
Mar 03, 2009
Secretary of State

Entity Name: TIFFANY PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4261 SHETLAND CT.
NAPLES, FL 34112 US

New Principal Place of Business:

4261 SHETLAND CT.
205
NAPLES, FL 34112 US

Current Mailing Address:

20037 OLD LANDING RD.
REHOBOTH BEACH, DE 19971 US

New Mailing Address:

FEI Number: 65-0169590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUILLEN, CHRISTOPHER
Address: 4261 SHETLAND CT., #205
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: MAIN, ROBERT
Address: 4261 SHETLAND CT. #206
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: MIKULSKY, CATHERINE
Address: 4261 SHETLAND CT. #202
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: QUITTEN, DAYNA
Address: 4261 SHETLAND CT. #205
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: WOODS, JAMES
Address: 4261 SHETLAND CT #106
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: QUILLEN, DAYNA
Address: 4261 SHETLAND CT. #205
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: FITZEK, KEVIN
Address: 4261 SHETLAND CT #103
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAYNA QUILLEN

TREA

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date