

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90224 043 ****61.25

DOCUMENT # N31315

1. Entity Name
TIFFANY PINES I 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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4261 Shetland Ct.

Suite, Apt. #, etc.

203

3. Mailing Address

4261 Shetland Ct.

Suite, Apt. #, etc.

203

City & State

Naples, Fla.

City & State

Naples, Fla.

4. FEI Number **65-0169590**

Applied For

Not Applicable

Zip

34112

Country

Collier

Zip

34112

Country

Collier

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

Deceased

Name

Don Allen

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

4261 Shetland Ct. # 201

Naples, Fla.

City

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

Don Allen Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-03

DATE

FILE NOW: FEE IS \$61.25

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | PD <input checked="" type="checkbox"/> Delete | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOTTILARE, PAT R | NAME | Don Allen |
| STREET ADDRESS | 4261 SHETLAND CT., #203 | STREET ADDRESS | 4261 Shetland Ct. # 201 |
| CITY-ST-ZIP | NAPLES FL 34112 | CITY-ST-ZIP | Naples, Fla. 34112 |
| TITLE | VD <input checked="" type="checkbox"/> Delete | TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLEN, DON | NAME | Robert Main |
| STREET ADDRESS | 4261 SHETLAND CT., #201 | STREET ADDRESS | 4261 Shetland Ct. # 206 |
| CITY-ST-ZIP | NAPLES FL 34112 | CITY-ST-ZIP | Naples, Fla. 34112 |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEINMANN, BRIDGET | NAME | Yolanda Wilson |
| STREET ADDRESS | 4261 SHETLAND CT., SUITE 104 | STREET ADDRESS | 4261 Shetland Ct. # 102 |
| CITY-ST-ZIP | NAPLES FL | CITY-ST-ZIP | Naples, Fla. 34112 |
| TITLE | TD <input checked="" type="checkbox"/> Delete | TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOLSKY, CATHERINE M | NAME | Catherine Mikulsky |
| STREET ADDRESS | 4261 SHETLAND CT., #202 | STREET ADDRESS | 4261 Shetland Ct. # 202 |
| CITY-ST-ZIP | NAPLES FL 34112 | CITY-ST-ZIP | Naples, Fla. 34112 |
| TITLE | <input type="checkbox"/> Delete | TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Therese Sottilaro |
| STREET ADDRESS | | STREET ADDRESS | 4261 Shetland Ct. #203 |
| CITY-ST-ZIP | | CITY-ST-ZIP | Naples, Fla. 34112 |
| TITLE | <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Patricia Maloney |
| STREET ADDRESS | | STREET ADDRESS | 4261 Shetland Ct. #105 |
| CITY-ST-ZIP | | CITY-ST-ZIP | Naples, Fla. 34112 |

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.

Therese Sottilaro

SIGNATURE:

SIGNATURE REQUIRED

Therese Sottilaro

1-22-03 939-793-7811

CR2E037 (10/02)