

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40572** (2)

1. Corporation Name

TIFFANY SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1901 S. TAMiami TRAIL
VENICE FL 34293

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VENICE FL 34293

3. Date Incorporated or Qualified **10/30/1990** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number **65-0225239** Applied For Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27

City & State

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

23 Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACRIS, STEVEN W.
609 S. TAMiami TRAIL
VENICE FL 34285**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature to be printed (name of registered agent and Director) and Date

(NOTE: Registered Agent Signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLOUTIER, JACQUES | 12 NAME | |
| STREET ADDRESS | 1901 S. TAMiami TRAIL | 13 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL | 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | ST <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLOUTIER, JACQUES | 22 NAME | |
| STREET ADDRESS | 1901 S. TAMiami TRAIL | 23 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL | 24 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACRIS, STEVEN W. | 32 NAME | |
| STREET ADDRESS | 609 S. TAMiami TRAIL | 33 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL | 34 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROLPH, DENISE A. | 42 NAME | |
| STREET ADDRESS | 609 S. TAMiami TRAIL | 43 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven W. Macris

1-19-96

Date

941 493 1901

Daytime Phone #

CR2E037 (12/95)