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FILED
May 28, 2002 8:00 am
Secretary of State

04-08-2002 90210 037 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40572

1. Entity Name

TIFFANY SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1901 S. TAMiami TRAIL
VENICE FL 34293

1901 S. TAMiami TRAIL
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0225239

Applied For

Not Applicable

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

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

Name
~~Michael Hahn~~ Sandra Widman
Street Address (P.O. Box Number is Not Acceptable)
2828 S. McCall Rd., Suite 32-Box 40
City Englewood FL Zip Code 34224

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.

SIGNATURE

Sandra Y. Widman

March 27th, 2002

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOUTIER, JACQUES 1901 S. TAMiami TRAIL VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLOUTIER, JACQUES 1901 S. TAMiami TRAIL VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACRIS, STEVEN W. 227 PENSACOLA AVE VENICE FL 36285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, DONALD W 2828 S MCCALL RD STE 21 ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Hahn 2828 S. McCall Rd, #32-Box 40 Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Donald W. Robertson 2828 S. McCall Rd, #32-Box 40 Englewood, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Charles Bickes 2828 S. McCall Rd, #32-Box 40 Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Jo Lee 2828 S. McCall Rd, #32-Box 40 Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Sandra Widmann 2828 S. McCall Rd, #32-Box 40 Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Sandra Y. Widman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27th, 2002 (941) 473-8505
Date Daytime Phone #

CR2E037 (9/01)