


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90080 045 ****61.25

| | | | | | |
|---|-----------------------------|--|---|--|--|
| DOCUMENT # N40572 | | | |  | |
| 1. Entity Name TIFFANY SQUARE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2828 S. MCCALL RD. ENGLEWOOD, FL 34224 | | Mailing Address 2828 S. MCCALL RD. ENGLEWOOD, FL 34224 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0225239 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| VANDER WULP, SHARON S 227 NOKOMIS AVE., VENICE, FL 34285 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMURRY, VICTOR G | | NAME | DEBORAH ROBERTSON | |
| STREET ADDRESS | 1111 SOUTH MCCALL RD. | | STREET ADDRESS | 2828 S. MCCALL RD. UNIT 21 | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34295 | | CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BICKES, CHARLES | | NAME | MICHAEL E. WILLIAMS | |
| STREET ADDRESS | 2828 S. MCCALL RD., UNIT 7 | | STREET ADDRESS | 2828 S. MCCALL RD UNIT 22 | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | ENGLEWOOD, FL 34224 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARTMAN, PATRICIA | | NAME | | |
| STREET ADDRESS | 2828 S. MCCALL RD., UNIT 36 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAHN, MICHAEL L | | NAME | | |
| STREET ADDRESS | 2828 S. MCCALL RD., UNIT 32 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YIAPIS, GEORGE | | NAME | | |
| STREET ADDRESS | 2828 S. MCCALL RD., UNIT 1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Michael E. Williams</i> | | DR. MICHAEL E. WILLIAMS | | 3/16/05 941-975-6399 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |