2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40572

FILED Jul 10, 2006 Secretary of State

Entity Name: TIFFANY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2828 S. MCCALL RD ENGLEWOOD, FL 34224

Current Mailing Address: New Mailing Address:

2828 S. MCCALL RD ENGLEWOOD, FL 34224

FEI Number: 65-0225239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VANDER WULP, SHARON S 227 NOKOMIS AVE., VENICE, FL 34285

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ROBERTSON, DEBORAH Name: 28255 MCCALL RD UNITE 21 Address: City-St-Zip: ENGLEWOOD, FL 34224

OFFICERS AND DIRECTORS:

Title: () Delete WILLIAMS, MICHAEL E Name: Address: 2828 S. MCCALL RD., UNIT 7 City-St-Zip: ENGLEWOOD, FL 34224

Title: () Delete HARTMAN, PATRICIA Name: 2828 S. MCCALL RD., UNIT 36 Address: City-St-Zip: ENGLEWOOD, FL 34224

Title: VD () Delete Name: HAHN, MICHAEL L 2828 S. MCCALL RD., UNIT 32 Address: City-St-Zip: ENGLEWOOD, FL 34224

Title: () Delete YIAPIS, GEORGE Name:

2828 S. MCCALL RD., UNIT 1 Address: City-St-Zip: ENGLEWOOD, FL 34224

(X) Change () Addition ROBERTSON, DEBORAH Name: Address: 28255 MCCALL RD UNITE 21 City-St-Zip: ENGLEWOOD, FL 34224

Title: (X) Change () Addition Name: WILLIAMS, MICHAEL E Address: 2828 S. MCCALL RD., UNIT 7 City-St-Zip: ENGLEWOOD, FL 34224

Title: (X) Change () Addition

Name: ERNEST, TODD Address: P.O. BOX 1887

City-St-Zip: ENGLEWOOD, FL 34295

Title: PD (X) Change () Addition Name: HAHN, MICHAEL L Address: 2828 S. MCCALL RD., UNIT 32 City-St-Zip: ENGLEWOOD, FL 34224

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E. WILLIAMS TD 07/10/2006