


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

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

WILLIAMS, MICHAEL E
2828 S. MCCALL RD.
SUITE 22
ENGLEWOOD, FL 34224

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008.**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DROTAR, CHARLES 1828 WHISPERING PINES CIRCLE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, MICHAEL E 2828 S. MCCALL RD. SUITE 22 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGER, JOAN 2828 S. MCCALL RD. SUITE 4 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAHN, MICHAEL L 2828 S. MCCALL RD. SUITE 32 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YIAPIS, GEORGE 2828 S. MCCALL RD. SUITE 1 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000783480
01/22/08-80026-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael E. Williams, Jr.* MICHAEL E. WILLIAMS 1/16/08 941-475-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #