

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40572

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** TIFFANY SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2828 S. MCCALL RD.  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

2828 S. MCCALL RD.  
ENGLEWOOD, FL 34224

**New Mailing Address:**

FEI Number: 65-0225239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DROTAR, CHARLES  
Address: 1828 WHISPERING PINES CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD ( ) Delete  
Name: WILLIAMS, MICHAEL E  
Address: 2828 S. MCCALL RD. SUITE 22  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: BOGER, JOAN  
Address: 2828 S. MCCALL RD. SUITE 4  
City-St-Zip: ENGLEWOOD, FL 34224

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

Title: SD ( ) Delete  
Name: YIAPIS, GEORGE  
Address: 2828 S. MCCALL RD. SUITE 1  
City-St-Zip: ENGLEWOOD, FL 34224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: DROTAR, CHARLES  
Address: 1828 WHISPERING PINES CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOGREFE, SUE  
Address: 2828 S. MCCALL RD.  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify 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

02/06/2009

Electronic Signature of Signing Officer or Director

Date