

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745068

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

**Current Principal Place of Business:**

7000 GULF DR.  
UNIT 001  
HOLMES BCH., FL 34217

**Current Mailing Address:**

7000 GULF DR.  
UNIT 001  
HOLMES BCH., FL 34217

**FEI Number: 59-1972651**

**Certificate of Status Desired: No**

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

GIDUS, JAN A  
7000 GULF DR UNIT 001  
HOLMES BEACH, FL 34217 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           STEWART, JAMES  
Address       6002 E MESCAL ST  
City-State-Zip: SCOTTSDALE AZ 85254

Title           DIRECTOR  
Name           LUCY, MIKE  
Address       1002 MOSS HAVEN CT  
City-State-Zip: ANNAPOLIS MD 21403

Title           S  
Name           MARVIN, DOUG  
Address       4501 DEMBY DRIVE  
City-State-Zip: FAIRFAX VA 22032

Title           M  
Name           GIDUS, JAN A  
Address       7000 GULF DRIVE  
City-State-Zip: HOLMES BEACH FL 34217

Title           VP  
Name           REID, ROBERT  
Address       228 CHRISTIE KNOLL POINT S W  
City-State-Zip: CALGARY T3H 2R9

Title           PRESIDENT  
Name           WEBB, BETH  
Address       2025 N STREET N W  
City-State-Zip: WASHINGTON DC 20036

*I hereby 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 all other like empowered.*

**SIGNATURE: JAN A GIDUS**

**MANAGER**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date