2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N40572

Entity Name: TIFFANY SQUARE CONDOMINIUM ASSOCIATION, INC.

FILED Jul 08, 2015 **Secretary of State** CC2948783709

Current Principal Place of Business:

1490 NE PINE ISLAND ROAD

#8-D

CAPE CORAL, FL 33909

Current Mailing Address:

P O BOX 1848

FORT MYERS, FL 33902 US

FEI Number: 65-0225239 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT 1490 NE PINE ISLAND ROAD #8-D

CAPE CORAL, FL 33909 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: MICHELLE THOMPSON, LCAM 07/08/2015

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Address

Name

Title PRESIDENT, DIRECTOR Title VP. DIRECTOR

YOUNG, LARRY BRENNEMAN, CAROL Name Name

1490 NE PINE ISLAND ROAD 1490 NE PINE ISLAND ROAD Address Address #8-D

#8-D

City-State-Zip: CAPE CORAL FL 33909 City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY, TREASURER, Title DIRECTOR

DIRECTOR Name CERCE, MICHAEL

Name BOGER, JOAN Address 1490 NE PINE ISLAND ROAD

1490 NE PINE ISLAND ROAD #8-D

#8-D

City-State-Zip: CAPE CORAL FL 33909 City-State-Zip: CAPE CORAL FL 33909

Title **DIRECTOR**

HARTMAN, PATRICIA

1490 NE PINE ISLAND ROAD Address

#8-D

City-State-Zip: CAPE CORAL FL 33909

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: CAROL BRENNEMAN

VICE PRESIDENT

07/08/2015