

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40572

**FILED**  
**Jan 16, 2024**  
**Secretary of State**  
**4408223792CC**

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

**Current Principal Place of Business:**

TIFFANY SQUARE CONDO ASSOC, INC  
2828 SOUTH MCCALL ROAD ATTN. ASSOCIATION MANAGER  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

VILLA MANAGEMENT SERVICES, LLC  
1811 ENGLEWOOD ROAD 352  
ENGLEWOOD, FL 34223 US

**FEI Number:** 65-0225239

**Certificate of Status Desired:** No

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

MCKEMMIE, LINDA J MANAGER  
VILLA MANAGEMENT SERVICES, LLC  
1811 ENGLEWOOD ROAD 352  
ENGLEWOOD, FL 34223 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:** LINDA MCKEMMIE

01/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HARTMAN, PATRICIA  
Address        C/O VILLA MANAGEMENT SERVICES,  
                  LLC  
                  1811 ENGLEWOOD ROAD 352  
City-State-Zip: ENGLEWOOD FL 34223

Title           SECRETARY  
Name           MITCHELL, CHRISTY  
Address        C/O VILLA MANAGEMENT SERVICES,  
                  LLC  
                  1811 ENGLEWOOD ROAD 352  
City-State-Zip: ENGLEWOOD FL 34223

Title           PRESIDENT  
Name           BRILEY, DELBERT  
Address        C/O VILLA MANAGEMENT SERVICES,  
                  LLC  
                  1811 ENGLEWOOD ROAD 352  
City-State-Zip: ENGLEWOOD FL 34223

Title           ASST SECRETARY  
Name           MCKEMMIE, LINDA J  
Address        VILLA MANAGEMENT SERVICES, LLC  
                  1811 ENGLEWOOD ROAD 352  
City-State-Zip: ENGLEWOOD FL 34223

*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:** LINDA J MCKEMMIE

**SECRETARY**

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date