

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90077 010 \*\*\*\*61.25

**DOCUMENT #730078**

1. Entity Name

THE TIFFANY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

939 NW 11 TERRACE  
NORTH RIVER SHORES  
STUART FL 34994

Mailing Address

939 NW 11 TERRACE  
NORTH RIVER SHORES  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1955314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALCIULIS, KATHLEEN  
129 COVE VIEW  
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete  
NAME CARVER, C.N.  
STREET ADDRESS 929 N.W. 11TH TERRACE  
CITY-ST-ZIP STUART FL

TITLE VD ☐ Delete  
NAME COLLIER, BARBARA  
STREET ADDRESS 939 N.W. 11TH TERRACE  
CITY-ST-ZIP STUART FL

TITLE VD ☐ Delete  
NAME BALCIULIS, KATHLEEN  
STREET ADDRESS 929 NW 11TH TERR #12  
CITY-ST-ZIP STUART FL 34994

TITLE D ☒ Delete  
NAME EVANS, STANLEY  
STREET ADDRESS 929 NW 11TH TERR  
CITY-ST-ZIP STUART FL 34994

TITLE PD ☐ Delete  
NAME ROMANO, ANTHONY  
STREET ADDRESS 939 NW 11TH TERR, #1  
CITY-ST-ZIP STUART FL 34994

TITLE S ☐ Delete  
NAME ROMANO, CAROL  
STREET ADDRESS 939 NW 11TH TERR #1  
CITY-ST-ZIP STUART FL 34994

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **DOANNE P. KING**  
STREET ADDRESS **939 NW 11TH TERRACE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Anthony Romano* ANTHONY ROMANO PD 2-6-06 692-9887