

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730078

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE TIFFANY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

939 NW 11 TERRACE
NORTH RIVER SHORES
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

939 NW 11 TERRACE
NORTH RIVER SHORES
STUART, FL 34994

New Mailing Address:

FEI Number: 59-1955314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALCIULIS, KATHLEEN
129 COVE VIEW
STUART, FL 34994 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: TD () Delete
Name: CARVER, C.N.,
Address: 929 N.W. 11TH TERRACE
City-St-Zip: STUART, FL

Title: VD () Delete
Name: COLLIER, BARBARA,
Address: 939 N.W. 11TH TERRACE
City-St-Zip: STUART, FL

Title: VD () Delete
Name: BALCIULIS, KATHLEEN
Address: 929 NW 11TH TERR #12
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: KING, JOANNE
Address: 934 NW 11TH TERR
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: ROMANO, ANTHONY
Address: 939 NW 11TH TERR, #1
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: ROMANO, CAROL
Address: 939 NW 11TH TERR #1
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANTHONY ROMANO

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date