

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733676 (1)
1. Corporation Name

TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2055 WOOD ST #202, POB 6165, SARASOTA FL 34237
Mailing Address: 2055 WOOD ST #202, POB 6165, SARASOTA FL 34237

3. Date Incorporated or Qualified: 08/27/1975
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-1743785
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY & ACCT MGT INC
2055 WOOD ST #202
SARASOTA FL 34237

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FILLMORE, FRED	
STREET ADDRESS	4325 GULF OF MEXICO DR #405	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	EMPKIE, MARY ELIZABETH	
STREET ADDRESS	4325 GULF MEXICO DR 601	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARE, EARL, JR	
STREET ADDRESS	4325 GULF MEXICO DR #302	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITZGIBBONS, FRANCIS	
STREET ADDRESS	4325 GULF MEXICO DR #505	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMON, HARRY	
STREET ADDRESS	4325 GULF OF MEXICO DR 604	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARZ, SIDNEY	
STREET ADDRESS	28 N. SUSSEX ST	
CITY-ST-ZIP	DOVER, NJ	

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Prizer, Charles	
1.3 STREET ADDRESS	4325 Gulf of Mexico Dr. #307	
1.4 CITY-ST-ZIP	Longboat Key, FL 34228	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dubinsky, Bella	
6.3 STREET ADDRESS	4325 Gulf of Mexico Dr. #301	
6.4 CITY-ST-ZIP	Longboat Key, FL 34228	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Elizabeth Empkie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 941-383-2582
Date Daytime Phone #

CR2E037 (12/95)