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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

733676

(1)

TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address									n samere en ann essañ estañ den es	11	1846 B1814 V III) ## #	1 WIELF 1881
2055 WOOD ST #202 2055 WOOD ST #202								-					
POB 6165 SARASOTA FL 34237			POB 6165					1					
			SARASOTA					3. [Date Incorporated or Qualified	3a. D	ate of Las	t Rep	ort
									Date Incorporated or Qualified 08/27/1975	-	04/17/	1990	6
2. Principal Pla	ace of Busine	SS	2a. Mailing	Address				4. F	El Number			Appl	ied For
21			26						59-1743785				Applicable
Suite, Apt #	#, etc.		<u> </u>	Apt. #, etc.				5. 0	Certificate of Status Desired		— — — —		ditional
22	.,		27	0								Requ	
City & State	3		City &	Siale				I	Election Campaign Financing Frust Fund Contribution			DU M ed to l	ay Be
23] Zip	<u> </u>	Country	28		Coun	1rv							
24	25			29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔀 No					
24			rent Registered A	gent	1				Name and Address of New F	Registered	Agent		
			- 1,011 11111		ε	31	Name						
PROPER	TY & ACCT	MGT INC			7	12	Street A	Address (P.0	O. Box Number is Not Accept	able)			
2055 WC						Addition to the trace to the tr							
SARASO	TA FL 3423	7				33							
ı					l _e	14	City				85 7	ip Co	ode
						١	•			FL	.		
11. Pursuant to office or reagent. Lar	to the provision egistered agen m familiar with	ns of Sections 617. nt, or both, in the S , and accept the ol	0502 and 617.1508 tate of Florida. Such oligations of, Sectio	, Florida Statut n change was a n 617.0503, Flo	es, the abo authorized orida Statu	by tes	e-named o the corpo i.	corporation poration's bo	submits this statement for the pard of directors. I hereby acc	ept the ap	oointment	ig its r as re	registered iglstered
SIGNATURE _				la GIOT	E. Dawistarad		at alanat us s	secured when a	niastatina)	DATE	 		
12.	Signature, typed or		AND DIRECTORS	ie (NU)	13.	Ager	nt signature n	nedw beriupen A	DDITIONS/CHANGES TO OFF		D DIRECT	ORS	IN 12
TITLE	DV	GITIOLIIO	7110 DIFECTORIO	DELETE	1.1 T(T)	.E]	P/D			2 Chan		Addition
NAME	CHARLES	PRIZER			1.2 NAN	Æ	I	Prizer	, Charles				
STREET ADDRESS		F OF MEXICO [PRIVE, #307		1.3 STR	EET /	ADDRESS 4	4325 G	ulf of Mexico Dr	., #30)7		
CITY - ST - ZIP		AT KEY FL	-		1.4 CITY	r-st	T-ZIP I	Longbo	at Key, FL 34228	3			
TITLE	TS			DELETE	2.1 TiTL	E					☐ Chan	ge .	Addition
NAME		Mary Euzabeti			2.2 NAM	Æ							
STREET ADDRESS		LF MEXICO DR 6			2.3 STR	EET	ADDRESS						
CITY-ST-ZIP		AT KEY, FL 0000	00		2. 4 CIT		ST-ZIP						—
TITLE	D			DELETE	3.1 TITE	.E					Chan	ge	Addition
NAME	WARE, E				3.2 NAM	AE.	İ						
STREET ADDRESS		LF MEXICO DR	F302				ADDRESS						
CITY-ST-ZIP		AT KEY FL	·	DELETE	3.4, CIT			17/5			Chan	~~	Addition
TITLE	D	ONG EDANOIG		K) DELETE	4.1 TITU			V/D	Charles		L., Unan	Åc ,	LA RUUIIIUII
NAME		ONS, FRANCIS	NEOE		4. 2 NA		4000000	naun,	Charles	. 45	21		
STREET ADDRESS		LF MEXICO DR (ADDRESS 14	4323 G	ulf of Mexico Dr	, #3\	λŢ		
CITY-ST-ZIP	PD	AT KEY, FL 0000	<i>N</i>	DELETE	4.4 CIT				at Key, FL 34228)	Chan	100	Addition
TITLE	SIMON, I	IADDV		- PECELLE	5.1 NA		117	D o'			-X one	4-	
NAME STREET ADDRESS		LF OF MEXICO [NR ROA			_			Harry	ب قار			
1		AT KEY FL	ZIL UVT				*		ulf of Mexico Dr		004		
CITY-ST-ZIP TITLE	D	AI NEI TE		☐ DELETE	5.4 CIT		1-71-	TOHOU	at Key. FL 34228	2	☐ Chan	90	Addition
NAME	BELLA D	IRINSKY			6.2 NA				•			•	
STREET ADDRESS		LF OF MEXICO (ORIVE. #301		1		ADDRESS						
SINEEL ADDRESS		AT KEV EI	ZINTE) # VV 1				7 710						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CHATURE AND TYPED OR PRINTED NAME OF BOTTOM DIRECTOR

4/2/27 Dale 94/- 38 9-50 96 Nos2089

FILED

Apr 11 1997 8:00am

Secretary of State

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