


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733676 (1)**  
 1. Corporation Name  
**TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2055 WOOD ST #202 POB 6165 SARASOTA FL 34237</b>	Mailing Address <b>2055 WOOD ST #202 POB 6165 SARASOTA FL 34237</b>
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3. Date Incorporated or Qualified  
**08/27/1975**

4. FEI Number  
**59-1743785**

Applied For  
 Yes  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <b>CHARLES PRIZER</b> 4325 GULF OF MEXICO DRIVE, #307 LONGBOAT KEY FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TS <b>EMPKIE, MARY ELIZABETH</b> 4325 GULF MEXICO DR 601 LONGBOAT KEY, FL 00000	2.1 TITLE	STD March, Richard
NAME		2.2 NAME	4325 Gulf of Mexico Dr., #405
STREET ADDRESS		2.3 STREET ADDRESS	Longboat Key, FL 34228
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <b>WARE, EARL, JR</b> 4325 GULF MEXICO DR #302 LONGBOAT KEY FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD <b>HAHN, CHARLES</b> 4325 GULF OF MEXICO DR., #501 LONGBOAT KEY, FL 00000	4.1 TITLE	D. Hahn, Charles
NAME		4.2 NAME	4325 Gulf of Mexico Dr. #501
STREET ADDRESS		4.3 STREET ADDRESS	Longboat Key, FL 34228
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <b>SIMON, HARRY</b> 4325 GULF OF MEXICO DR 604 LONGBOAT KEY FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D <b>BELLA DUBINSKY</b> 4325 GULF OF MEXICO DRIVE, #301 LONGBOAT KEY FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Harry L Simon* 4/9/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065441

CR2E037 (10/97)