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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733676

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/27/1975

4. FEI Number

59-1743785

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES PRIZER	
STREET ADDRESS	4325 GULF OF MEXICO DRIVE, #307	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARCH, RICHARD	
STREET ADDRESS	4325 GULF OF MEXICO #405	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000 34228	
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	HAHN, CHARLES	
STREET ADDRESS	4325 GULF OF MEXICO DR., #501	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000 34228	
TITLE	D	<input checked="" 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	BELLA DUBINSKY	
STREET ADDRESS	4325 GULF OF MEXICO DRIVE, #301	
CITY-ST-ZIP	LONGBOAT KEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Williams, Dorothy	
1.3 STREET ADDRESS	4719 West Haven Rd.	
1.4 CITY-ST-ZIP	Arlington, TX 76017	
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	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Freveletti, Anthony	
5.3 STREET ADDRESS	4325 Gulf of Mexico Dr. #507	
5.4 CITY-ST-ZIP	Longboat Key, FL 34228	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Begg, James	
6.3 STREET ADDRESS	1335 19th Sideroad	
6.4 CITY-ST-ZIP	King, Ontario, Canada, L7B 1K5	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99
 Date

(941) 783-8444
 Daytime Phone

CR2E037- (11/98)