

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90061 005 ****61.25

W/001/3

DOCUMENT # 733676

1. Entity Name
TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.

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



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 4983 Ringwood Meadow | 3. Mailing Address 4983 Ringwood Meadow |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------|------------------------------------|
| City & State SARASOTA FL | City & State SARASOTA FL |
| Zip 34235 | Country USA |

| | |
|--|--|
| 4. FEI Number 59-1743785 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
PAMI Management Inc

Street Address (P.O. Box Number is Not Acceptable)
4983 Ringwood Meadow

City
SARASOTA FL Zip Code
34235

8. 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 **MELVIN RUBIN** DATE **4-1-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, DOROTHY 4719 WEST HAVEN RD ATLINGTON TX 76017 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MARCH, RICHARD 4325 GULF OF MEXICO #405 LONGBOAT KEY, FL 00000 34228 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARE, EARL, JR 4325 GULF MEXICO DR #302 LONGBOAT KEY FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAHN, CHARLES 4325 GULF OF MEXICO DR., #501 LONGBOAT KEY, FL 00000 34228 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FREVELETT, ANTHONY 4325 GULF OF MEXICO DR. 507 LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEGG, JAMES 456 FALCONWOOD HOLLOW AURORA, ONT CANADA L4-67M1 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Misch, John 4512 Cedar Lake Rd. Howell, MI 48843 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Begg, James 456 Falconwood Hollow Aurora, ONT. CANADA L4G 7M1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **4/5/01** DAYTIME PHONE # **941-383-2587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)