


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90014 030 \*\*\*\*61.25

<b>DOCUMENT # 733676</b>			
1. Entity Name <b>TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4983 RINGWOOD MEADOW SARASOTA FL 34235</b>		Mailing Address <b>4983 RINGWOOD MEADOW SARASOTA FL 34235</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PAMI MANAGEMENT INC 4983 RINGWOOD MEADOW SARASOTA FL 34235</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, DOROTHY</b>	NAME	
STREET ADDRESS	<b>4719 WEST HAVEN RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLINGTON TX 76017</b>	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCH, RICHARD</b>	NAME	
STREET ADDRESS	<b>4325 GULF OF MEXICO #405</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARE, EARL, JR</b>	NAME	<b>Simon, Harry</b>
STREET ADDRESS	<b>4325 GULF MEXICO DR #302</b>	STREET ADDRESS	<b>4325 Gulf of Mexico Dr #604</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	CITY-ST-ZIP	<b>LONG BOAT KEY, FL 34228</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUBINSKY, BELLA</b>	NAME	<b>Sioia, Joseph</b>
STREET ADDRESS	<b>1 REGENCY PLAZA # 1002</b>	STREET ADDRESS	<b>4325 Gulf of Mexico Dr #407</b>
CITY-ST-ZIP	<b>PROVIDENCE RI 02903</b>	CITY-ST-ZIP	<b>LONG BOAT KEY, FL 34228</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MISCHI, JOHN</b>	NAME	
STREET ADDRESS	<b>4512 CEDAR LAKE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOWELL MI 48843</b>	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTZ, ROGER</b>	NAME	
STREET ADDRESS	<b>5017 SURFWOOD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COMMERCE TURNPIKE MI 48382</b>	CITY-ST-ZIP	
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: <i>Dorothy Williams Pres</i>		Date: <b>5/12/04</b>	Daytime Phone #: <b>3832582</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			