


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90101 019 \*\*\*\*61.25

**DOCUMENT # 733676**

1. Entity Name  
**TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4983 RINGWOOD MEADOW  
 SARASOTA, FL 34235**

Mailing Address  
**4983 RINGWOOD MEADOW  
 SARASOTA, FL 34235**

2. Principal Place of Business  
**5037 Ringwood Meadows**  
 Suite, Apt. #, etc. **B**

3. Mailing Address  
**5037 Ringwood Meadow**  
 Suite Apt. #, etc. **B**


City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

Zip  
**34235** Country **US**

Zip  
**34235** Country **USA**

40010000



01142005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**PAMI MANAGEMENT INC**  
**4983 RINGWOOD MEADOW 5037 Ringwood Meadow**  
**SARASOTA, FL 34235**  
**B**

7. Name and Address of New Registered Agent

Name

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

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOROTHY	
STREET ADDRESS	4719 WEST HAVEN RD	
CITY-ST-ZIP	ATLINGTON, TX 76017	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARCH, RICHARD	
STREET ADDRESS	4325 GULF OF MEXICO #405	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, HARRY	
STREET ADDRESS	4325 GULF OF MEXICO DRIVE #64	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIOIA, JOSEPH	
STREET ADDRESS	4325 GULF OF MEXICO DR #407	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	MISCHI, JOHN	
STREET ADDRESS	4512 CEDAR LAKE RD	
CITY-ST-ZIP	HOWELL, MI 48843	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUTZ, ROGER	
STREET ADDRESS	5017 SURFWOOD	
CITY-ST-ZIP	COMMERCE TURNPIKE, MI 48382	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** Richard March **Richard March** 4/13/05 724-944-8503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #