


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90304 024 ****61.25

DOCUMENT # 733676					
1. Entity Name TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235			Mailing Address 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235		
2. Principal Place of Business <i>5041 Ringwood Meadow</i>		3. Mailing Address <i>5041 Ringwood Meadow</i>			
Suite, Apt. #, etc. <i>STE. 2</i>		Suite, Apt. #, etc. <i>STE. 2</i>			
City & State		City & State		01172006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1743785	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAMI MANAGEMENT INC 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235			Name		
			Street Address (P.O. Box Number is Not Acceptable) <i>5041 Ringwood Meadow</i>		
			City <i>STE 2</i>		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, DOROTHY		NAME		
STREET ADDRESS	4719 WEST HAVEN RD		STREET ADDRESS		
CITY-ST-ZIP	ATLINGTON, TX 76017		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCH, RICHARD		NAME		
STREET ADDRESS	4325 GULF OF MEXICO #405		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D MIKE MULIHAN	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, HARRY		NAME	D MULIHAN, MICHAEL	
STREET ADDRESS	4325 GULF OF MEXICO DRIVE #64		STREET ADDRESS	4325 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JIOIA, JOSEPH		NAME		
STREET ADDRESS	4325 GULF OF MEXICO DR #407		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MISCHI, JOHN		NAME		
STREET ADDRESS	4512 CEDAR LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	HOWELL, MI 48843		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTZ, ROGER		NAME		
STREET ADDRESS	5017 SURFWOOD		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE TURNPIKE, MI 48382		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Rebecca Swann</i>			Date: <i>4/26/06</i>		Daytime Phone #: <i>383-8069</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					