


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 015 ****61.25

DOCUMENT # 733676

1. Entity Name
TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235

Mailing Address
5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02152007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1743785

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAMI MANAGEMENT INC 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DOROTHY			NAME	WILLIAMS, DOROTHY		
STREET ADDRESS	4719 WEST HAVEN RD			STREET ADDRESS	4325 GULF OF MEXICO DR #306		
CITY-ST-ZIP	ATLINGTON, TX 76017			CITY-ST-ZIP	LONGBOAT KEY FL 34228		
TITLE	STD	<input checked="" 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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULIHAN, MICHAEL			NAME			
STREET ADDRESS	4325 GULF OF MEXICO DR			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	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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTZ, ROGER			NAME	RUTZ, ROGER		
STREET ADDRESS	5017 SURFWOOD			STREET ADDRESS	4325 GULF OF MEXICO DR. #506		
CITY-ST-ZIP	COMMERCE TURNPIKE, MI 48382			CITY-ST-ZIP	LONGBOAT KEY, FL 34228		

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: _____ **4/28/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #