


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 744471 1. Entity Name TIFFANY SANDS OWNERS ASSOCIATION, INC.		
Principal Place of Business 2477 STICKNEY POINT 118 A SARASOTA, FL 34242	Mailing Address 2477 STICKNEY POINT 118 A SARASOTA, FL 34242	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT ROAD #118A SARASOTA, FL 34231		DO NOT WRITE IN THIS SPACE
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 reinstalling) DATE</small>		
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	U00000531129 05/06/06-80027-010 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MR. MOHMET CETIN 542-A BEACH RD.. SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLEIN, BRUCE H 548-B BEACH RD SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PRESCOTT, WILLIAM 542 B BEACH ROAD SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLANC, PHILIPPE 544-A BEACH ROAD SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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: <u>Bruce Klein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bruce Klein, President		04/21/06 Date 941-927-6464 Daytime Phone #