2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #755583

1. Entity Name
TIFFANY COURT OF NAPLES CONDOMINIUM ASSOCIATION, INC.



Mar 14, 2008 8:00 am Secretary of State 03-14-2008 90028 029 ****61.25

FILED

Principal Place of Business

Mailing Address

ELLIE DOBBIN 1069 8TH ST. S #102 NAPLES, FL 34102-8217 NAPLES, FL 34102-8217 1069 8TH ST. S #102 NAPLES, FL 34102-8217													
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01062008	Chg-NP	C	CR2E037	(12/06)	
City & State			Cit	City & State				4. FEI Numbe 59-244	4739		,		plied For t Applicable
Zip Country		Zip	Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Cu	rrent Registere	egistered Agent				7. Name and	Address of	New Regi	stered Ag	gent	
						Name		,					
DOBBIN, ELLIE 1069 8TH ST. SOUTH SUITE # 102						Street Ac	dress (F	(P.O. Box Number is Not Acceptable)					
NAPLES, I	FL 34102-	-8217			-	City						Zip Cod	
						 ,					FL		
	tions of regist								h, in the Stat	e of Florid		miliar with,	and accept
	Signature, typed	or printed name of registered	d agent and litte if app	ticable. (NOTE:	Registered A	gent signatu	re required	when reinstailing}	•		DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			П	\$5.00 May Be Make check payable to Florida Department of State					
		ay 1, 2000		170011 0110 01	OI MIDOMO	''. '	٠	Added to Fees	J	Florida	Departr	nent or Si	
10.		_ 	ID DIRECTORS		11.			Added to Fees ADDITIONS/CH	ANGES TO C	<u> </u>			
TITLE	Т	OFFICERS AN	ID DIRECTORS	☐ Delete	11.	···	Α	ODITIONS/CH		<u> </u>	AND DIRE		
TITLE NAME	T POTTEN,	OFFICERS AN	ID DIRECTORS		11. TITLE NAME		Α			<u> </u>	AND DIRE	ECTORS IN	10
TITLE NAME STREET ADDRESS	T POTTEN, 1071 8TH	OFFICERS AN ROBERT ST. S.	ID DIRECTORS		11. TITLE NAME STREET	ADDRESS	Α	ODITIONS/CH		<u> </u>	AND DIRE	ECTORS IN	10
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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:

Robert H Putter True. 3-11-08

224.263- 4016