

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755583

FILED  
Feb 14, 2010  
Secretary of State

**Entity Name:** TIFFANY COURT OF NAPLES CONDOMINIUM ASSOCIATION,INC.

**Current Principal Place of Business:**

ELLIE DOBBIN  
1069 8TH ST. S #102  
NAPLES, FL 341028217

**New Principal Place of Business:**

ELLIE DOBBIN  
1069 8TH ST. S #102  
NAPLES, FL 341028217 US

**Current Mailing Address:**

ELLIE DOBBIN  
1069 8TH ST. S #102  
NAPLES, FL 341028217

**New Mailing Address:**

ELLIE DOBBIN  
1069 8TH ST. S #102  
NAPLES, FL 341028217 US

**FEI Number:** 59-2444739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOBBIN, ELLIE  
1069 8TH ST. SOUTH  
SUITE # 102  
NAPLES, FL 341028217 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: POTTER, ROBERT  
Address: 1071 8TH ST. S.  
City-St-Zip: NAPLES, FL 341028217 US

Title: S  
Name: POTTER, JANET  
Address: 1071 - 8TH ST. SOUTH  
City-St-Zip: NAPLES, FL 341028217 US

Title: P  
Name: FRANTZ, WILLIAM  
Address: 1063 8TH ST S  
City-St-Zip: NAPLES, FL 341028217 US

Title: VP  
Name: OLMSTED, DOUGLAS  
Address: 1061 8TH ST S  
City-St-Zip: NAPLES, FL 341028217 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLIE DOBBIN

AGEN

02/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date