

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760065

1. Entity Name

TIFFANY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

11780 IONA ROAD  
RT. 5, BOX 1  
FT. MYERS FL 33909

Mailing Address

11780 IONA ROAD  
RT. 5, BOX 1  
FT. MYERS FL 33908-2241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2662046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVA, YOLANDA  
3400 BURNS ROAD  
SUITE 104  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Daniel M. Chudnow

Street Address (P.O. Box Number is Not Acceptable)  
3400 Burns Road

Suite 104

City Palm Beach Gardens

FL

Zip Code  
33410

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME CHUDNOW, DAVID  
STREET ADDRESS 1801 CENTURY PARK E 24TH FLOOR  
CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Delete

TITLE DVP  
NAME CUMMINGS, VIRGINIA M  
STREET ADDRESS 11780 IONA ROAD  
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE STD  
NAME SCHNECKENBERG, DAVID  
STREET ADDRESS 839 NORTH 11TH ST  
CITY-ST-ZIP MILWAUKEE WI ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition  
NAME Chudnow, David  
STREET ADDRESS 8383 Wilshire Boulevard, Suite 510  
CITY-ST-ZIP Beverly Hills, CA 90211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*David M. Chudnow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90075 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)