

FILED  
Jul 26, 1999 8:00 am  
Secretary of State

07-26-1999 90002 043 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 05/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

|   |  |
|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b><br> | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|--|

**DOCUMENT # F33539**  
 1. Corporation Name  
**TIFFANY CONDOMINIUM HOMES, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>11780 IONA ROAD<br>RT. 5, BOX 1<br>FT MYERS FL 33908-9134 | Mailing Address<br>839 N 11TH ST<br>MILWAUKEE WI 53233<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/29/1981**

|   |   |             |             |
|---|---|-------------|-------------|
| 21. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 22. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 23. Country | 24. Country |
|---|---|-------------|-------------|

4. FEI Number  
**59-2339151**

Applied For  
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
**SLEETER, GERALD**  
**11780 IONA RD**  
**FT MYERS FL 33908**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>SILVA, YOLANDA</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3400 BURNS ROAD</b> |
| 83<br><b>SUITE 104</b>  |
| 84 City<br><b>PALM BEACH GARDENS FL</b>   |
| 85 Zip Code<br><b>33410</b>   |

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *Yolanda Silva* DATE *7/24/99*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|---|---|--|
| TITLE<br><b>PD</b>                          | NAME<br><b>CHUDNOW, A.M.</b>              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>839 N. 11TH STREET</b> | CITY-ST-ZIP<br><b>MILWAUKEE WI</b>        | 1.2 NAME  |  |
|   |   | 1.3 STREET ADDRESS                                    |  |
|   |   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>STD</b>                         | NAME<br><b>CHUDNOW, JOSEPH</b>            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>839 N. 11TH STREET</b> | CITY-ST-ZIP<br><b>MILWAUKEE, WI 00000</b> | 2.2 NAME  |  |
|   |   | 2.3 STREET ADDRESS                                    |  |
|   |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VPD</b>                         | NAME<br><b>SLEETER, GERALD</b>            | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>11780 IONA RD</b>      | CITY-ST-ZIP<br><b>FT. MYERS FL</b>        | 3.2 NAME  |  |
|   |   | 3.3 STREET ADDRESS                                    |  |
|   |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                                       | NAME                                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                              |   | 4.2 NAME  |  |
| CITY-ST-ZIP                                 |   | 4.3 STREET ADDRESS                                    |  |
|   |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                                       | NAME                                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                              |   | 5.2 NAME  |  |
| CITY-ST-ZIP                                 |   | 5.3 STREET ADDRESS                                    |  |
|   |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                                       | NAME                                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                              |   | 6.2 NAME  |  |
| CITY-ST-ZIP                                 |   | 6.3 STREET ADDRESS                                    |  |
|   |   | 6.4 CITY-ST-ZIP                                       |  |

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE *7-8-99* DAYTIME PHONE # *414-274-6000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)