

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02939

FILED
Jan 27, 2006
Secretary of State

Entity Name: LAKE TIFFANY STAGE ONE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1351 BLUFFS CIR
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION DATA MANAGEMENT, INC.
P.O. BOX 2007
DUNEDIN, FL 346972007 US

New Mailing Address:

FEI Number: 59-2762935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASSER, WILLIAM J
1351 BLUFFS CIR
DUNEDIN, FL 34698 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: VP () Delete
Name: HILL, ANTHONY
Address: 1408 MILLSTREAM LN UNIT216
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: CHRISTOFF, PAUL
Address: 1465 MILLSTREAM LN UNIT 102
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: SMITH, STANLEY
Address: 1390 OAKHILL DRIVE UNIT 202
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: KOTSOL, EVIE JO.
Address: 14445 OAKHILL DRIVE UNIT 103
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: BALDETTI, SHARON E.
Address: 1445 OAKHILL DR UNIT104
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHULERT, CHERI
Address: 1460 OAKHILL DRIVE UNIT 103
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL CHRISTOFF

P

01/27/2006

Electronic Signature of Signing Officer or Director

Date