2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90030 023 ****61.25

DOCUMENT # N04000005700

1. Entity Name

TIFFANY ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
JIM NOBLES MANAGEMENT, INC. 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767	JIM NOBLES MANAGEMENT, INC. 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1583131 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, SHERON O
JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE SUITE F
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD ROBERTS, BARBARA 3540 32ND AVE N, #214 SAINT PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DTS SALAS, KARINA A 3520 32ND AVE N, #109 SAINT PETERSBURG FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD RAYMOND THOMPSON 3520 32nd ~~AVE~~ AVE. NORTH #111 ST. PETERSBURG, FL. 33713 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD REAM, BENJAMIN 2110 COULT BLVD #7 INDIAN ROCK FL 33785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD SUE ROBERTSON 3520 32nd AVE. NORTH #211 ST. PETERSBURG, FL. 33713 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DEBBIE GRIENER 3460 32nd AVE. N. #102 ST. PETERSBURG, FL. 33713 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	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 exemptions contained in Section 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: Joan M Hamboick 3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #