2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005700

FILED Feb 27, 2009 Secretary of State

Entity Name: TIFFANY ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

JIM NOBLES MANAGEMENT, INC. 251 WINDWARD PASSAGE ŚUITE F CLEARWATER, FL 33767

Current Mailing Address: New Mailing Address:

JIM NOBLES MANAGEMENT, INC 251 WINDWARD PASSAGE SUITE F CLEARWATER, FL 33767

FEI Number: 59-1583131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ROBERTS, BARBARA ROBERTS, BARBARA Name: Name: 3540 32ND AVE N, #214 Address: 3540 32ND AVE N, #214 Address:

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: () Delete Title: (X) Change () Addition THOMPSON, RAYMOND Name: THOMPSON, RAYMOND Name: Address: 3520 32ND AVE NORTH #111 Address: 3520 32ND AVE NORTH #111 City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: () Delete Title: TSD (X) Change () Addition GRIENER, DEBBIE HAMBRICK, JOAN Name: Name: Address: 3460 32ND AVE N #102 Address: 3540 32ND AVE N #116

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: () Delete Title: D (X) Change () Addition Name: STORY, RONALD Name: STORY, RONALD

Address: 3420 32ND AVE N #114 Address: 3420 32ND AVE N #114 City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: () Delete Title: () Change (X) Addition

THOMPSON, SUE Name: Name:

3420 32ND AVE. NORTH #211 Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33713 US

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA ROBERTS PD 02/27/2009