

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31315

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** TIFFANY PINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4261 SHETLAND CT.  
205  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

20037 OLD LANDING RD.  
REHOBOTH BEACH, DE 19971 US

**New Mailing Address:**

**FEI Number:** 65-0169590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUILLEN, CHRISTOPHER  
4261 SHETLAND CT  
SUITE 205  
NAPLES, FL 34112 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: PD  
Name: QUILLEN, CHRISTOPHER  
Address: 4261 SHETLAND CT., #205  
City-St-Zip: NAPLES, FL 34112

Title: VD  
Name: MAIN, ROBERT  
Address: 4261 SHETLAND CT. #206  
City-St-Zip: NAPLES, FL 34112

Title: SD  
Name: PAUL, DANICA  
Address: 4261 SHETLAND CT. #204  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: QUILLEN, DAYNA  
Address: 4261 SHETLAND CT. #205  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: ALLEN, DON  
Address: 4261 SHETLAND CT #201  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: DAYNA QUILLEN

D

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date