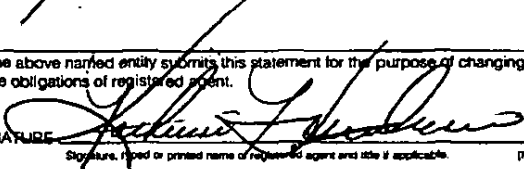
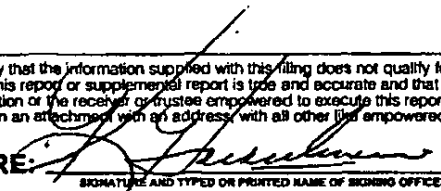


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90195 018 ****61.25

DOCUMENT # N32916 1. Entity Name THE TIFFANY CONDOMINIUM ASSOCIATION OF ORMOND BEACH, INC.					
Principal Place of Business 1295 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176			Mailing Address TIFFANY CONDO. ASSOC. 1295 OCEAN SHORE BLVD ORMOND BEACH, FL 32176 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2955935	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHLER, MILLIE TIFFANY CONDO ASSOC. 1295 OCEAN SHORE BLVD ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name HARTOUNIAN, KATHY Street Address (P.O. Box Number is Not Acceptable) 1295 OCEAN SHORE BLVD City ORMOND BEACH FL Zip Code 32176	
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:  DATE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning))					
Filing Fee is \$61.25 Due by May 1, 2008		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	P MAHLER, MILLIE 1295 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARYALICE CRUITT 1295 OCEAN SHORE BLVD ORMOND BEACH FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARBRA, OPACKI 1295 OCEAN SHORE BLVD, 404 ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARBARA OPACKI 1295 OCEAN SHORE BLVD ORMOND BEACH FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAROUTUNIAN, KATHY 1295 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARTOUNIAN, KATHY 1295 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	☒ 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
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 Chapter 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:  DATE: _____ DAYTIME PHONE #: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					