# 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 | Mailing Address |
|---|---|
| 1295 OCEAN SHORE BLVD.<br>ORMOND BEACH, FL 32176 | TIFFANY CONDO. ASSOC.<br>1295 OCEAN SHORE BLVED<br>ORMOND BEACH, FL 32176 US |

03302008 Chg-NP CR2E037 (12/06)

| 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 59-2955935 ☐ Applied For ☐ Not Applicable

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 reinstating)

**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<br>MAHLER, MILLIE<br>1295 OCEAN SHORE BLVD<br>ORMOND BEACH, FL 32176 | ☑ Delete | S<br>MARY ALICE CRUITT<br>1295 OCEAN SHORE BLVD<br>ORMOND BEACH FL 32176 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BARBRA, OPACKI<br>1295 OCEAN SHORE BLVD, 404<br>ORMOND BEACH, FL 32176 | ☐ Delete | T<br>BARBARA OPACKI<br>1295 OCEAN SHORE BLVD<br>ORMOND BEACH FL 32176 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HAROUTUNIAN, KATHY<br>1295 OCEAN SHORE BLVD<br>ORMOND BEACH, FL 32176 | ☐ Delete | P<br>HARTOUNIAN, KATHY<br>1295 OCEAN SHORE BLVD<br>ORMOND BEACH, FL 32176 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #