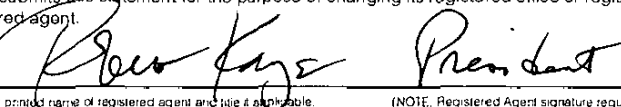
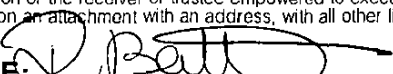


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 023 ****61.25

DOCUMENT # N93000000510 1. Entity Name TIFFANY COVE RECREATION ASSOCIATION, INC.					
Principal Place of Business C/O PINES PROPERTY MGT. 19620 PINES BLVD STE 205 PEMBROKE PINES FL 33029 US			Mailing Address C/O PINES PROPERTY MGT. P.O. BOX 820100 SO. FLORIDA FL 33082-0100 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0441687	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS JR, THOMAS R PINES PROPERTY MGT. 19620 PINES BLVD STE 205 PEMBROKE PINES FL 33029				7. Name and Address of New Registered Agent Name ROBERT KANEY ASSOCIATES, P. A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 67th WAY SUITE 103 City FT. LAUDERDALE FL Zip Code 33309	
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 is acceptable. (NOTE: Registered Agent signature required when reinstating) 4-13-07 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 BATTAGLIA, ROBIN 17624 SW 6 CT PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MATAMOROS, ALEX 17620 SW 4 CT PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DE LA POZ, ROSE 17621 SW 4 CT PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOHNSON-YOUNG, GLEANDAL 535 SW 177 AVE HOLLYWOOD FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIMAGE, JEAN HAROLD 513 SW 176 WAY HOLLYWOOD FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSNER, STEVEN 651 SW 176 AVE HOLLYWOOD FL 33029	☐ 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-22-07 984 438-6570 Date Daytime Phone #		