

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000510

FILED
Apr 24, 2009
Secretary of State

Entity Name: TIFFANY COVE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

19620 PINES BLVD.
SUITE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

C/O PINES PROPERTY MGT.
P.O. BOX 820100
PEMBROKE PINES, FL 330820100 US

New Mailing Address:

FEI Number: 65-0441687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR. #210
PLANTATION, FL 33324 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 () Delete
Name: BATTAGLIA, ROBIN
Address: 17624 SW 6 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD () Delete
Name: MATAMOROS, ALEX
Address: 17620 SW 4 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: STD () Delete
Name: DE LA POZ, ROSE
Address: 17621 SW 4 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT () Delete
Name: JOHNSON-YOUNG, GLEANDAL
Address: 535 SW 177 AVE
City-St-Zip: HOLLYWOOD, FL 33029

Title: D (X) Delete
Name: LIMAGE, JEAN HAROLD
Address: 513 SW 176 WAY
City-St-Zip: HOLLYWOOD, FL 33029

Title: D (X) Delete
Name: COSNER, STEVEN
Address: 651 SW 176 AVE
City-St-Zip: HOLLYWOOD, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEJESUS, AILYN
Address: 533 SW 176 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change () Addition
Name: GUZMAN, CARLOS
Address: 17665 SW 6 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change () Addition
Name: PHIPPS, CALVO
Address: 17601 SW 4 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T (X) Change () Addition
Name: BECKERMAN, MARVIN
Address: 444 SW 177 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AILYN DEJESUS

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date