

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 16, 2012
Secretary of State

DOCUMENT# N95000002642

Entity Name: TIFFANY LAKES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O TOWER MANAGEMENT SERVICES, INC.
900 W 49 ST, STE 220
HIALEAH, FL 33012 US**New Principal Place of Business:****Current Mailing Address:**C/O TOWER MANAGEMENT SERVICES, INC.
900 W 49 ST, STE 220
HIALEAH, FL 33012 US**New Mailing Address:****FEI Number:** 65-0689305**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TOWER MANAGEMENT SERVICES, INC
900 W 49 ST, STE 220
HIALEAH, FL 33012 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: P
Name: VALERA, ERNESTO
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: VP
Name: DEULOFEUT, ELIZABETH
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: T
Name: ALVAREZ, DAMASIS
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: S
Name: DEL SOLAR, GUILLERMO
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: D
Name: MONTEALEGRE, JORGE
Address: 900 W. 49 ST. STE 220
City-St-Zip: HIALEAH, FL 33012

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: ERNESTO VALERA

P

10/16/2012

Electronic Signature of Signing Officer or Director

Date