

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733676

**Entity Name:** TIFFANY PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**7134984783CC**

**Current Principal Place of Business:**

4325 GULF OF MEXICO DR  
OFFICE # 104  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

4325 GULF OF MEXICO DR  
OFFICE # 104  
LONGBOAT KEY, FL 34228

**FEI Number: 59-1743785**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SNYDER, MICHAEL  
4325 GULF OF MEXICO DR  
UNIT # 506  
LONGBOAT KEY, FL 34228 US

*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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           WILLIAMS, DOROTHY P  
Address        4325 GULF OF MEXICO DR  
                  OFFICE # 104  
City-State-Zip: LONGBOAT KEY FL 34228

Title           DIRECTOR  
Name           BEGG, WESLEY  
Address        4325 GULF OF MEXICO DR  
                  305  
City-State-Zip: LONGBOAT KEY FL 34228

Title           SECRETARY  
Name           JIOIA, SHARON  
Address        4325 GULF OF MEXICO DR #407  
City-State-Zip: LONGBOAT KEY FL 34228

Title           D  
Name           HUMPERT, BILL  
Address        2441 FELICE DR  
City-State-Zip: VILLA HILLS KY 41017

Title           O  
Name           O'KULICH, NICHOLAS  
Address        4325 GULF OF MEXICO DR UNIT #503  
City-State-Zip: LONGBOAT KEY FL 34228

Title           MR  
Name           VIRAGH, ROBERT  
Address        4325 GULF OF MEXICO DR  
                  OFFICE # 601  
City-State-Zip: LONGBOAT KEY FL 34228

Title           VP  
Name           MULLIHAN, MICHAEL  
Address        4325 GULF OF MEXICO DR  
                  OFFICE # 508  
City-State-Zip: LONGBOAT KEY FL 34228

*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: DOROTHY WILLIAMS**

**PRESIDENT**

**03/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date