

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005700

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

**Current Principal Place of Business:**

3460 32ND AVENUE NORTH  
SAINT PETERSBURG, FL 33713

**Current Mailing Address:**

PINELLAS PROFESSIONAL CENTER  
7800 66TH STREET N. #205  
PINELLAS PARK, FL 33781 US

**FEI Number:** 59-1583131

**Certificate of Status Desired:** No

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

CONDOMINIUM MGMT GROUP  
PINELLAS PROFESSIONAL CENTER  
7800 66TH STREET N. #205  
PINELLAS PARK, FL 33781 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:** RONALD WELTON

03/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            ROBERTS, BARBARA  
Address        PINELLAS PROFESSIONAL CENTER  
                  7800 66TH STREET N. #205  
City-State-Zip: PINELLAS PARK FL 33781

Title            VP  
Name            REESER, JAMES  
Address        PINELLAS PROFESSIONAL CENTER  
                  7800 66TH STREET N. #205  
City-State-Zip: PINELLAS PARK FL 33781

Title            T, SECRETARY  
Name            HAMBRICK, JOAN  
Address        PINELLAS PROFESSIONAL CENTER  
                  7800 66TH STREET N. #205  
City-State-Zip: PINELLAS PARK FL 33781

*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:** BARBARA ROBERTS

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03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date