FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N33273

(6)

TIFFANY PLACE HOME OWNERS ASSOCIATION INC.

B10	n Ti	PPIN	AVI	ENUE
PE	ISA	COLA	FL	32514

Principal Place of Business

Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



B101 TIPPIN AVENUE PENSACOLA FL 32514			8101 TIPPIN AVENUE PENSACOLA FL 32514-4749							
						3. Date Incorporated or Qualified 3a. 06/30/1989		Date of Last Report 01/25/1996		
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number		Applied For		
21		26				59-2972429		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & State	9	City & Sta	le			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		ountry		8. This corporation has liability for			. 199.032,	
24	25 25 25 Name and Address of Cui	29	30			Florida Statutes 10. Name and Address of New Re	Yes Y			
	9. Name and Address of Cui	Leur Heditreten Was	15	81 Na		10. Name and Address of New He	gistered Ag	•nt		
544614	5011 1011 5			V 14a						
	DRILL, JOAN R			82 Str	et Add	ress (P.O. Box Number is Not Acceptab	ole)			
* ***	DGEFIELD RD			83		· · · · · · · · · · · · · · · · · · ·				
PENSAC	COLA FL 32514			"						
				B4 Cit	/	4.7	FL	85 Zip I	Code	
44 Durayant	to the provinces of Continue 617.	0502 and 617 1509 E	orida Statutas, the	about 000	and one	poration cultimits this statement for the s		annina f	o ropintored	
office or r agent. I a	egistered agent, or both, in the Si m familiar with, and accept the of	tate of Florida. Such ch pligations of, Section 6	onda Statules, the lange was authoriz 17.0503, Florida St	zed by the tatutes.	corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appoir	ntment as	registered	
SIGNATURE .										
	Signature, typed or printed name of registered				ature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	IDECTO	NO IN 140	
12.	PD	AND DIRECTORS	DELETE 1.1	TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
TITLE	DAUGHDRILL, KIM C.					•	. L	T CHAILRO	L.J Addition	
NAME	8101 TIPPIN AVE APT K			NAME						
STREET ADDRESS	PENSACOLA FL			STREET ADORE	SS					
CITY-ST-ZIP TITLE	SD SD			I CITY+ST-ZIP				Change	☐ Addition	
	POWELL, LARRY	bd		NAME				2 Change	La recition	
NAME	10259 SUGAR CREEK PL	ACE		STREET ADDRE		5. 2				
STREET ADDRESS	PENSACOLA FL	no.			:55					
CITY-ST-ZIP TITLE	TD			4 CITY-ST-ZIP I TITLE			····	Change	Addition	
NAME	DAUGHDRILL, BILLY H.	<u></u>	-	NAME				y Change		
STREET ADDRESS	8244 RIDGEFIELD ROAD			STREET ADDRE	ec l					
CITY-ST-ZIP	PENSACOLA FL			I. CITY-ST-ZIP						
TITLE	LITOROUGHTE			i Title				Change	Addition	
NAME				2 NAME			-			
STREET ADDRESS				street addre	22:	•				
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE				TITLE	-			Change	Addition	
NAME				NAME			-			
STREET ADDRESS				STREET ADORE	:55					
CITY-ST-ZIP				I CITY-ST-ZIP						
TITLE		П		TITLE				Change	Addition	
NAMÉ	• *			NAME				10.12.		
	1			street addre	:00					
STREET ADDRESS					.00					
CfTY-\$T-ZIP			■ 6.4	I CITY-ST-ZIP	- 1					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.