

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

**DOCUMENT # N92000000078 (7)**  
1. Corporation Name  
**TIFFANY BY THE SEA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 1079 ATLANTIC BLVD SUITE 9 ATLANTIC BEACH FL 32233	Mailing Address 1079 ATLANTIC BLVD SUITE 9 ATLANTIC BEACH FL 32233
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3. Date Incorporated or Qualified  
**11/02/1992**

4. FEI Number  
**59-3162148**

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**TOUSEY JR, CLAY B**  
**2225 ALICIA LN**  
**ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>DOMINICK, LESTER</b>	
STREET ADDRESS	<b>93 KIMBERLY COURT</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, DAVID L</b>	
STREET ADDRESS	<b>2207 ALICIA LN</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>TOUSEY JR, CLAY B</b>	
STREET ADDRESS	<b>2225 ALICIA LANE</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>STANTON, SUSAN</b>	
STREET ADDRESS	<b>83 NICOLE LN</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *[Signature]* **Y26/98** **(904) 269-2322**

CR2E037 (10/97)