

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90107 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000078
 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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212001-20110-17



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 11/02/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3162148
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Frances C. Parks 82 Street Address (P.O. Box Number is Not Acceptable) 1079 Atlantic Blvd. #9 83 84 City Atlantic Beach, FL 85 Zip Code 32233
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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: Frances C. Parks DATE: 1/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: DOMINICK, LESTER	1.2 NAME: Jacobson, Sam		
STREET ADDRESS: 93 KIMBERLY COURT	1.3 STREET ADDRESS: 84 Nicole Lane		
CITY-ST-ZIP: ATLANTIC BEACH FL 32233	1.4 CITY-ST-ZIP: Atlantic Beach, FL 32233		
TITLE: Pres. <input type="checkbox"/> DELETE	2.1 TITLE: MANSOURI, SAFA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: JOHNSTON, DAVID L	2.2 NAME: 85 NICOLE LANE		
STREET ADDRESS: 2207 ALICIA LN	2.3 STREET ADDRESS: ATLANTIC BEACH, FL 32233		
CITY-ST-ZIP: ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP: ATLANTIC BEACH, FL 32233		
TITLE: VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: TOUSEY JR, CLAY B	3.2 NAME:		
STREET ADDRESS: 2225 ALICIA LANE	3.3 STREET ADDRESS:		
CITY-ST-ZIP: ATLANTIC BEACH FL 32233	3.4 CITY-ST-ZIP:		
TITLE: D <input checked="" type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: STANTON, SUSAN	4.2 NAME:		
STREET ADDRESS: 83 NICOLE LN	4.3 STREET ADDRESS:		
CITY-ST-ZIP: ATLANTIC BEACH FL 32233	4.4 CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	5.2 NAME:		
STREET ADDRESS:	5.3 STREET ADDRESS:		
CITY-ST-ZIP:	5.4 CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	6.2 NAME:		
STREET ADDRESS:	6.3 STREET ADDRESS:		
CITY-ST-ZIP:	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 of assets 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, with all other like empowered.

SIGNATURE: Sam Jacobson DATE: 2/2/99 904296023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)