

2000 UNIFORM BUSINESS REPORT (UBR)

3/6/

FILED
May 16, 2000 8:00 am
Secretary of State

03-06-2000 90094 031 ****61.25

DOCUMENT # N92000000078

1. Entity 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 32233-3317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3162148

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS, FRANCES C
1079 ATLANTIC BLVD. #9
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, SAM	
STREET ADDRESS	84 NICOLE LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, DAVID L	
STREET ADDRESS	2207 ALICIA LN	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANSOURI, SAFA	
STREET ADDRESS	885 NICOLE LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANTON, SUSAN	
STREET ADDRESS	83 NICOLE LN	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH JOHNSTON	
STREET ADDRESS	2207 ALICIA LN.	
CITY-ST-ZIP	ATL. BCH FL 32233	
TITLE	SD SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINN KLEIN	
STREET ADDRESS	2216 ALICIA LN.	
CITY-ST-ZIP	ATL. BCH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL WALLACE	
STREET ADDRESS	1165 OCEAN BLVD.	
CITY-ST-ZIP	ATL. BCH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN ARMSTRONG	
STREET ADDRESS	87 NICOLE LN	
CITY-ST-ZIP	ATL. BCH 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

904-249-2322

Daytime Phone #

CR2E037 (9/99)