

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

0012704

DOCUMENT # N92000000078

1. Entity Name

TIFFANY BY THE SEA HOMEOWNERS ASSOCIATION, INC.

04-14-2001 90040 033 ****61.25

Principal Place of Business

1079 ATLANTIC BLVD
 SUITE 9
 ATLANTIC BEACH FL 32233

Mailing Address

1079 ATLANTIC BLVD
 SUITE 9
 ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JUDITH	
STREET ADDRESS	2207 ALICIA LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VP SD	<input type="checkbox"/> Delete
NAME	KLEIN, GINNI	
STREET ADDRESS	2216 ALICI LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, EARL	
STREET ADDRESS	1165 OCEAN BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, DAN	
STREET ADDRESS	87 NICOLE LANE	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eva Sprinkle	
STREET ADDRESS	97 Kimberly Court	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sam Jacobson	
STREET ADDRESS	84 Nicole Lane	
CITY-ST-ZIP	Atlantic Beach, FL 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		
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 617, 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN W. ARMSTRONG

Date

3/14/01

Daytime Phone #

904-247-5501

CR2E037 (10/00)