

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90002 018 ****61.25

DOCUMENT # N92000000078

1. Entity Name

TIFFANY BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1079 ATLANTIC BLVD
 SUITE 9
 ATLANTIC BEACH FL 32233**

**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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPSD** Delete
 NAME: **KLEIN, GINNI**
 STREET ADDRESS: **2216 ALICI LANE**
 CITY-ST-ZIP: **ATLANTIC BEACH FL 32233**

TITLE: **D** Change Addition
 NAME: **SUMNER, LYNNE**
 STREET ADDRESS: **2215 ALICIA LANE**
 CITY-ST-ZIP: **ATLANTIC BEACH, FL 32233**

TITLE: **PTD** Delete
 NAME: **ARMSTRONG, DAN**
 STREET ADDRESS: **87 NICOLE LANE**
 CITY-ST-ZIP: **ATLANTIC BEACH FL 32233**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **SPRINKLE, EVA**
 STREET ADDRESS: **97 KIMBERLY COURT**
 CITY-ST-ZIP: **ATLANTIC BEACH FL 32233**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SD** Delete
 NAME: **JACOBSON, SAM**
 STREET ADDRESS: **84 NICOLE LANE**
 CITY-ST-ZIP: **ATLANTIC BEACH FL 32233**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 like empowered.

SIGNATURE: *DAN W. ARMSTRONG*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-9-02** Daytime Phone #: **904-249-2322**

CR2E037 (9/01)