

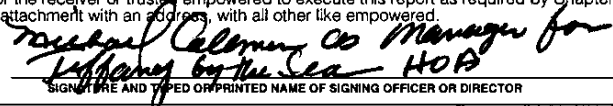


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90274 043 ****61.25

DOCUMENT # N92000000078					
1. Entity Name TIFFANY BY THE SEA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET SUITE C NEPTUNE BEACH, FL 32233 US			Mailing Address 920 THIRD STREET SUITE C NEPTUNE BEACH, FL 32233 US		
2. Principal Place of Business 920 Third Street		3. Mailing Address 920 Third Street			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B			
City & State Neptuen Beach, FL		City & State Neptune Beach, FL		4. FEI Number 59-3162148	
Zip 32266		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKS, FRANCES C 920 THIRD STREET SUITE C NEPTUNE BEACH, FL 32233			7. Name and Address of New Registered Agent Name L. Denise Wallace Street Address (P.O. Box Number is Not Acceptable) 920 Third Street Suite B City Neptune Beach, FL Zip Code 32266		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 4-26-05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARR, LEONARD 2220 ALICIA LANE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Alfaro 98 Kimberly Court Atlantic Bch, FL 32233	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSCOMB, LINDA 95 KIMBERLY COURT ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Thomas Fortune 84 Nicole Lane Atlantic Bch, FL 32233	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPINSKI, JOHN 2223 ALICIA LN ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eva M. Sprinkle 97 Kimberly Court Atlantic Bch, FL 32233	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRELAND, LOCK 2211 ALICIA LN ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 				DATE 4-26-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	