

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000078

FILED
Mar 24, 2009
Secretary of State

Entity Name: TIFFANY BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-3162148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, DENISE L
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIS, JOHN
Address: 84 NICOLE LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PD () Delete
Name: DULTERA, BRAD
Address: 2211 ALICIA LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD () Delete
Name: PEELMUTTER, NEIL
Address: 88 NICHOLE LN
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: SIANMAC, MASHOD
Address: 2217 ALICIA LN
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: MOSES, DONALD
Address: 96 KIMBERLY CT.
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHNSTON, DAVID L
Address: 2207 ALICIA LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. DENISE WALLACE

RA

03/24/2009

Electronic Signature of Signing Officer or Director

Date