2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # N9200000078

SUITE 9

TIFFANY BY THE SEA HOMEOWNERS ASSOCIATION, INC.



Secretary of State 03-17-2003 90104 020 ****61.25

FILED

Mar 17, 2003 8:00 am

Principal Place of Business 1079 ATLANTIC BLVD

ATLANTIC BEACH FL 32233

Mailing Address 1079 ATLANTIC BLVD SHITE 9 ATLANTIC BEACH FL 32233

2. Principal Place of Business	3. Mailing Address 920 thind Street
920 Third Street	Suite, Apt. #, etc.
City & State Suite	City & State



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3162148 Applied For Not Applicable Country 2233 \$8.75 Additional 5. Certificate of Status Desired USH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKS, FRANCES C Street Address (P.O. Box Number is Not Acceptable) 1079-ATLANTIC BLVD: #9 nird ATLANTIC BEACH FL 32233 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE & Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD TITLE Delete TITLE Change Change ARMSTRONG, DAN ☐ Addition NAME JAMES R. CATALAND 2219 ALICIA LAHE NAME **87 NICOLE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP ATLANTIC BEACH FL TITLE Delete TITLE SPRINKLE, EVA NAME ☐ Addition DOMINICK, MICHELLE 93 KIMBERLY COURT NAME STREET ADDRESS 97 KIMBERLY COURT STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 ---CITY-ST-ZIP -- 2 32233 SD TITLE Delete TITLE JACOBSON, SAM Change ☐ Addition NAME NAME LEGNARD STARR STREET ADDRESS 84 NICOLE LANE 2220 AUCIA LANE ATLANTIC BEACH, F STREET ADDRESS CITY-ST-7IP ATLANTIC BEACH FL 32233 CITY-ST-ZIP 32233 TITLE Delete TITLE ☐ Change SUMNER, LYNNE ☐ Addition NAME IASCOMB NAME LINDA STREET ADDRESS 2215 ALICIA LANE STREET ADDRESS KIMBERLY COUR CITY-ST-7IP ATLANTIC BEACH FL 32233 CITY-ST-ZIP 32233 TITLE Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Ellames R. Cataland