PRESIDENT

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY WALDEN

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N33273

#### Entity Name: TIFFANY PLACE HOME OWNERS ASSOCIATION INC.

#### **Current Principal Place of Business:**

8101 TIPPIN AVENUE PENSACOLA, FL 32514

## **Current Mailing Address:**

8244 RIDGEFIELD RD PENSACOLA, FL 32514 US

## FEI Number: 59-2972429

# Name and Address of Current Registered Agent:

WALDEN, KIMBERLY D 8244 RIDGEFIELD RD PENSACOLA, FL 32514 US

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:	KIMBERLY D WALDEN	03/12/2020					
	Electronic Signature of Registered Agent	Date					
Officer/Director Detail :							
Title	PRESIDENT	Title	TREASURER				
Name	WALDEN, KIMBERLY D	Name	JONES, TERESA J				
Address	8244 RIDGEFIELD RD	Address	260 N DEVILLIERS ST				
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	PENSACOLA FL 32502				
Title	SECRETARY	Title	VP				
Name	JONES, TERESA J	Name	CLAYTON, JEAN				
Address	260 N DEVILLIERS ST	Address	8257 RIDGEFIELD RD				
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32514				

Certificate of Status Desired: No

FILED Mar 12, 2020 Secretary of State 2493242387CC

> 03/12/2020 Date