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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736495 (3)

1. Corporation Name

TIFTON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10036 SAWGRASS DR SUITE 3 PONTE VEDRA BEACH FL 32082 US	P.O. DRAWER 1159 PONTE VEDRA BEACH FL 32004

3. Date Incorporated or Qualified: 07/27/1976

4. FEI Number: 59-1764292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MUNCH, DONALD
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR #3
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE	Bill Morgan
NAME	MAY, ANN		Director
STREET ADDRESS	24 TIFTON WAY SO		Tifton Cove Condominium Assoc.
CITY-ST-ZIP	PONTE VEDRA BCH FL		71 Tifton Way
TITLE	D	☐ DELETE	Robert C. Houck
NAME	WODEHOUSE, CHARLIE		Director
STREET ADDRESS	33 TIFTON WAY SO		Tifton Cove Condominium Assoc.
CITY-ST-ZIP	PONTE VEDRA BCH FL		10 Cove Road
TITLE	TD	☒ DELETE	Ponte Vedra Beach FL 32004
NAME	SEARLES, JOHN		3.2 NAME
STREET ADDRESS	44 TIFTON WAY SOUTH		3.3 STREET ADDRESS
CITY-ST-ZIP	PONTE VEDRA BCH FL		3.4 CITY-ST-ZIP
TITLE	P	☐ DELETE	4.1 TITLE
NAME	LAIRD, DOROTHY		4.2 NAME
STREET ADDRESS	79 TIFTON WAY SOUTH		4.3 STREET ADDRESS
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY-ST-ZIP
TITLE	V	☐ DELETE	5.1 TITLE
NAME	O'REILLY, ROGER		5.2 NAME
STREET ADDRESS	8 COVE ROAD		5.3 STREET ADDRESS
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	6.1 TITLE
NAME	HIGGINS, BOB		6.2 NAME
STREET ADDRESS	57 TIFTON WAY SO		6.3 STREET ADDRESS
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP

CTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Dorothy Laird