

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90103 028 ****61.25

000004

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 736495

1. Corporation Name

TIFTON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
10036 SAWGRASS DR
SUITE 3
PONTE VEDRA BEACH FL 32082
US

Mailing Address
P.O. DRAWER 1159
PONTE VEDRA BEACH FL 32004



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/27/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1764292	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

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

Donald Munch
Signature, typed or printed name of registered agent and title if applicable.

Registered Agent
(NOTE: Registered Agent signature required when reinstating)

2/23/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☒ Addition
NAME	MAY, ANN	1.2 NAME	
STREET ADDRESS	24 TIFTON WAY SO	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	WODEHOUSE, CHARLIE	2.2 NAME	
STREET ADDRESS	33 TIFTON WAY SO	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, BILL	3.2 NAME	
STREET ADDRESS	71 TIFTON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
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	5.1 TITLE	☐ Change ☐ Addition
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	6.1 TITLE	☐ Change ☐ Addition
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	

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-99 285-3597

CR2E037 (11/98)