2000 UNIFORM BUSINESS REPORT (UBR)

0000057

DOCUMENT # 736495

1. Entity Name

TIFTON COVE CONDOMINIUM ASSOCIATION, INC.

FILED
00 MAR 20 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32004-1159

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2180 W SR 434	2180 W SR 434
Suite, Apt. #, etc.: STE 5000	Suite, Apt. #, etc.: STE 5000
City & State: LONGWOOD FL	City & State: LONGWOOD FL
Zip: 32779 Country: US	Zip: 32779 Country: US

4. FEI Number 59-2102121 ~~59-1704292~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNCH, DONALD FOUR SEASONS MANAGEMENT 10036 SAWGRASS DR #3 PONTE VEDRA BCH FL 32082	HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044

8. 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 _____ 2/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAY, TOM 24 TIFTON WAY SO PONTE VEDRA BCH FL 32087	☐ Delete	SD 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, JOHN 96 TIFTON WAY N PONTE VEDRA BCH FL 32082	☒ Delete	D HOUCK, ROBERT 10 COVE RD PONTE VEDRA BCH FL 32004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, BILL 71 TIFTON WAY PONTE VEDRA BCH FL	☐ Delete	400003188694--4 -03/29/00--01064--009 32082 *****61.25 *****61.25	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAIRD, DOROTHY 79 TIFTON WAY SOUTH PONTE VEDRA BCH FL	☐ Delete	PD 79 TIFTON WAY NORTH 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V O'REILLY, ROGER 8 COVE ROAD PONTE VEDRA BEACH FL	☐ Delete	VPD 32082	☒ Change ☐ Addition SP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINS, BOB 57 TIFTON WAY SO PONTE VEDRA BEACH FL	☒ Delete	TD WODEHOUSE, CHARLES 79 TIFTON WAY NORTH PONTE VEDRA BCH FL 32082	☐ Change ☒ Addition

CR2E037 (9/99)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 2/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #