2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90043 036 ****61.25

DOCUMENT # 736495

1. Entity Name

TIFTON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434.. SUITE 5000 LONGWOOD FL 32779 US	2180 WEST SR 434.. SUITE 5000 LONGWOOD FL 32779 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2102121 ☐ 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
HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434., SUITE 5000 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	SD MAY, TOM 24 TIFTON WAY SO PONTE VEDRA BCH FL 32087	XX Delete	D SCHRYIER, JAMIR 192 HAWTHORNE HEDGE LANE JACKSONVILLE, FL 32259	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUCK, ROBERT 10 COVE RD PONTE VEDRA BCH FL 32004	XX Delete	D HERSHKOVICH, CYNTHIA 2302 GREENSIDE CT PONTE VEDRA BCH, FL 32082	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, BILL 71 TIFTON WAY PONTE VEDRA BCH FL 32082	☐ Delete	D HERIDER, MICHAEL 76 N TIFTON WAY PONTE VEDRA BCH, FL 32082	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAIRD, DOROTHY 79 TIFTON WAY NORTH PONTE VEDRA BCH FL 32082	☐ Delete	D GIBSON, TAMMY 49 N TIFTON WAY PONTE VEDRA BCH, FL 32082	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'REILLY, ROGER 8 COVE ROAD PONTE VEDRA BEACH FL 32082	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 Feb 16 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #