## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 736495** 

FILED Apr 27, 2005 Secretary of State

Entity Name: TIFTON COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 59-1764292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434., SUITE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REDDING, CHARLES Name: Name: 28 S TIFTON WAY Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: VPD ( ) Delete Title: () Change () Addition GUARNIERI, JACK Name: Name: Address: 29 S TIFTON WAY Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: SD () Delete Title: SD (X) Change ( ) Addition ACTON, LAURA HOEFGES, DOT Name: Name: Address: PO BOX 3459 Address: 83 N TIFTON WAY City-St-Zip: PONTE VEDRA, FL 32082 City-St-Zip: PONTE VEDRA, FL 32082 Title: TD ( ) Delete Title: () Change () Addition Name: HERIDER, MIKE Name: Address: 76 N TIFTON WAY Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change () Addition HIGGINS, ROBERT Name: Name: 57 N TIFTON WAY Address: Address: PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition THOMAS, GARY MAY, THOMAS Name: Name: Address: 24 S TIFTON WAY Address: 24 S TIFTON WAY PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES REDDING PD 04/27/2005