

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90490 034 ****61.25

DOCUMENT # 736495

1. Entity Name

TIFTON COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2180 WEST SR 434., SUITE 5000
LONGWOOD FL 32779
US**

Mailing Address

**2180 WEST SR 434., SUITE 5000
LONGWOOD FL 32779
US**

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**
59-1764292

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434., SUITE 5000
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	SCHRYER, JAMIR	
STREET ADDRESS	192 HAWTHORNE HEDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	☒ Delete
NAME	HERSHKOVICH, CYNTHIA	
STREET ADDRESS	2303 GREENSIDE CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	☒ Delete
NAME	HIGGINS, ROBERT	
STREET ADDRESS	57 N. TIFTON WAY	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	VD	☒ Delete
NAME	GEARHART, JAMES	
STREET ADDRESS	472 OSPREY POINT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	☐ Delete
NAME	SAGE, ALESSANDRA	
STREET ADDRESS	P.O. BOX 231	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	☐ Delete
NAME	HERIDER, MICHAEL	
STREET ADDRESS	76 N TIFTON WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	SD	☐ Change ☒ Addition
NAME	Thomas May	
STREET ADDRESS	24 S. Tifton Way	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☐ Change ☒ Addition
NAME	John A. Guarnieri	
STREET ADDRESS	29 S. Tifton Way	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	☐ Change ☒ Addition
NAME	John W. Gay	
STREET ADDRESS	2 Cove Rd.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VD	☐ Change ☒ Addition
NAME	Charlie Redding	
STREET ADDRESS	28 S. Tifton Way	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	PD	☒ Change ☐ Addition
NAME	AP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alessandra Sage* **Alessandra Sage**

CR2E037 (10/02)