

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90021 023 ****61.25

DOCUMENT # 756363 1. Entity Name TIFFANY ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2749 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168				Mailing Address 2749 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 803			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NEW SMYRNA BEACH FL			
Zip	Country	Zip 32170	Country USA	4. FEI Number 32-0203041 APPLIED FOR	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LOVELACE, BARBARA Y 340 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169			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)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOVELACE, ROBERT H JR 2609 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULIEN, LINNE 2749 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMEE, LANCE 2689 TIFFANY DRIVE NEW SMYRNA BCH, FL 32168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVELACE, BARBARA Y 340 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer/Director Schulien, Linne 2749 Tiffany Dr New Smyrna Beach, FL 32168	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Lamee, Lance 2689 Tiffany Dr New Smyrna Beach, FL 32168	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tucker, Michele M. 2690 Tiffany Dr New Smyrna Beach, FL 32168	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert H. Lovelace, Jr.</u> President 3-3-08 (386) 690-1109					