

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756363

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** TIFFANY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2749 TIFFANY DRIVE  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 803  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 32-0203041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOVELACE, BARBARA Y  
340 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: LOVELACE, ROBERT H JR  
Address: 2609 TIFFANY DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ATD ( ) Delete  
Name: SCHULIEN, LINNE  
Address: 2749 TIFFANY DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD ( ) Delete  
Name: LAMEE, LANCE  
Address: 2689 TIFFANY DRIVE  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: S ( ) Delete  
Name: LOVELACE, BARBARA Y  
Address: 340 NORTH CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T ( ) Delete  
Name: TUCKER, MICHELE N  
Address: 2670 TIFFANY DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LOVELACE, BARBARA Y  
Address: 2609 TIFFANY DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT H LOVELACE JR

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date