

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000001762**

1. Entity Name

TIFFANY OAKS OF CHRISTINA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

201 CHRISTINA BLVD
LAKELAND FL 33813

Mailing Address

201 CHRISTINA BLVD
LAKELAND FL 33813

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

59-3712726

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, L K
201 CHRISTINA BLVD
LAKELAND FL 33813

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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	HOFFMAN, L K	
STREET ADDRESS	201 CHRISTINA BLVD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	Delete
NAME	HOFFMAN, BARBARA L	
STREET ADDRESS	201 CHRISTINA BLVD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	Delete
NAME	FAULKNER, W O	
STREET ADDRESS	6905 KLEIN RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 11, 2002 8:00 am
Secretary of State

07-29-2002 90001 004 ****61.25

41239



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)