


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N01000001762 1. Entity Name TIFFANY OAKS OF CHRISTINA HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6975 TIFFANY OAKS DR LAKELAND, FL 33813	Mailing Address 6975 TIFFANY OAKS DR LAKELAND, FL 33813
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01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3712726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOLONEY, DANIEL J 6970 TIFFANY OAKS DR LAKELAND, FL 33813
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**DO NOT WRITE
IN THIS SPACE**

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: *Timothy P. Holmes* 3-2-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000477712
04/06/06-80062-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HOLMES, TIM 6975 TIFFANY OAKS DR LAKELAND, FL 33813
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IN THIS SPACE**

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: *Timothy P. Holmes* 3-2-06 863-646-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #