2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 8:00 am Secretary of State 03-23-2007 90014 045 ****61.25

DOCUMENT # N05758 1. Entity Name TIFFANY HOMEOWNERS ASSOCIATION, INC.					03-23-200	7 90014 043	31.23
Principal Place of Business Mailing Address 2106 NW 13TH STREET 2106 NW 13TH STREET GAINESVILLE, FL 32609 GAINESVILLE, FL 32609					30TON		HUBI EI ISPI
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007	Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-25069	987	N	oplied For ot Applicable
Ζip			Country	5. Certificate of	· 	S8.75 Ad	
	6. Name and Address of Current	Registered Agent	7." Name and A	ddress of New	Registered Agent		
ROGERS, RICHARD C/O ROGERS REALTY			Street A	Street Address (P.O. Box Number is Not Acceptable)			
2106 NWV 13TH ST. GAINESVILLE, FL 32609							
			City	FL Zip Code			
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 explicable. (NOTE: Registered Agent algorithms required when reinstating) DATE							
	Filing Fee is \$61.25 9. Election Campaign Fi Due by May 1, 2007 Trust Fund Contribute			\$5.00 May Be Added to Fees		Make check payable oricle Department of 9	
10.	OFFICERS AND DI		11.		NGES TO OFFIC	ERS AND DIRECTORS IF	
TITLE NAME	VD CURCIO, FRANK	☐ Delete	. TITLE NAME	D WARDEN, MI	Kar	Change	Addition
STREET ADDRESS	1429 NW 43RD AVE		STREET ADDRESS	3055 NW 18	SS NW 28 CIR		
CITY-SI-ZEP	GAINESVILLE, FL 32605 PD	☐ Deleta	CITY-ST-ZIP	GAINERVILLE	FL 3260	·	GT LANG.
NAME	MALONEY, CHARLES		NAME	D LUTZ, MATT	MEM	☐ Change	[i/] Addition
STREET ADDRESS CITY-ST-ZIP	3073 NW 28 CIR		STREET ADDRESS	2083 NW 2	3 NW 28 CIL NESTILLE FL 32605		
TITLE	GAINESVILLE, FL 32605 STD	□ Delete	CITY-ST-ZIP	DAINESTILLE		Change	Addition
NAME _	BRAUN, GEORGE	La Canada	HAME	KIEL, MICHE			
STREET ADDRESS City-St-Zip	118 BENTLEY DR HAWTHORNE, FL 32640		STREET ADDRESS City-St-Zip	BALL NW ZB	C 187 57	L 05	:
TITLE	D	☐ Delete	TITLE	4 4 1 2 2 1 1 1 1 1	, - ,	Thance	☐ Addition
NAME	ENGLISM, PATRICIA		NAME	ENGLISH, PO	TRICIA	<u></u>	
STREET ADDRESS City-St-Zip	3018 NW 28TH CIR GAINESVILLE, FL 32805		STREET ADDRESS CITY-ST-ZIP				·
TITLE	D	Delete	TITLE			☐ Change	Addition
NAME	NEWSOM, CHRIS 3077 NW 28 CIR	, ,	NAME CONTEX ACCORDED				
STREET ADDRESS CITY-ST-ZIP	GAINESVILLE, FL 32605		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME OTDET ADDRESS	ir .	,	NAME CYPETS ADDRESS	•		•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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							