


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90044 037 ****61.25

DOCUMENT # N05758 1. Entity Name TIFFANY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2106 NW 13TH STREET GAINESVILLE, FL 32609			Mailing Address 2106 NW 13TH STREET GAINESVILLE, FL 32609		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent ROGERS, RICHARD C/O ROGERS REALTY 2106 NW 13TH ST GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD CURCIO, FRANK <input type="checkbox"/> Delete 1429 NW 43RD AVE GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, CHARLES <input checked="" type="checkbox"/> Delete 3073 NW 28 CIR GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH RUSSELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3061 NW 28 CIR GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRAUN, GEORGE <input type="checkbox"/> Delete 118 BENTLEY DR HAWTHORNE, FL 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, PATRICIA <input checked="" type="checkbox"/> Delete 3018 NW 28TH CIR GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW V. LUTZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3053 NW 28 CIR GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWSOM, CHRIS <input checked="" type="checkbox"/> Delete 3077 NW 28 CIR GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, MIKE <input checked="" type="checkbox"/> Delete 3055 NW 28 CIR GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/3/08 352-376-4581 <small>Date Daytime Phone #</small>		

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01142008 Chg-NP CR2E037 (12/08)

4. FEI Number
59-2506987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

Zip Code