FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N15303 DOCUMENT #

(3)

TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, I

FILED May 16 1997 8:00am Secretary of State



Daytime Phone # 0048059

NO.		No. 19 and Address							
Principal Place	e of Business	Mailing Address							
9721 TIFFANY OAKS LANE TAMPA FL 33612 TIS 9721 TIFFANY OAKS LANE TAMPA FL 33612-7510 US									
US					3. Date Incorporated or Qualified 06/09/1986	ted or Qualified 3a. Date of Last Report 02/23/1996			
2. Principal Pla	ace of Business	2a. Mailing Address 26 973/ 7144	ary OA	KS CA	NE	4. FEI Number 59-3059319		_ 	oplied For of Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.	- 1 - 21			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State)	City & State	FL			Election Campaign Financing Trust Fund Contribution		\$5.00 bebba	
Zip	Country		Country			8. This corporation has liability for	intangible ta	ax onder s	199.032,
24	25	29 33612	30/15	4		Florida Statutes	Yes 🗹	No	
	9. Name and Address of Curren	t Registered Agent		,		10. Name and Address of New Re	gistered A	pent	
			81	Name					
LEWANICK, KAREN 9721 TIFFANY OAKS LANE			82	Street A	Addres	ess (P.O. Box Number is Not Acceptable)			
TAMPA F			83						
			84	City			FL	85 Zip	Code
44 Distribute	to the provisions of Society 617.050	World 617 1508 Florida Statuta	e the show	e-named	COLDO	retion submits this statement for the r	ourpose of c	henging if	s registered
office or re	egistered agent or both, in the State	of Florida. Such change was a	uthorized b	y the corp	poratio	ration submits this statement for the parties board of directors. I hereby acce	pt the appoi	ntment as	registered
agent I ar			rida Sialule	.			برالا	lan-	
SIGNATURE (Stendfure, typed or printed name of registered age	int and title if applicable. (NOTE	Registered Ag	ent signature	required	when reinstating)	DATE	79	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	1S IN 12
TITLE	VP /	DELETE	1.1 TITLE		TV/		Į	Change	Addition
NAME	LEWANICK, KAREN		1.2 NAME		LE	WANICK KAREN	10 10 1	æ	
STREET ADDRESS	9721 TIFFANY OAK LANE		1.3 STREE	T ADDRESS	91	21 TICKAMY DAIS	S CAN	C	
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-	ST-ZIP		WANTER KARON 21 TICKANY ONE AMPA R 336.	12		
TITLE	TD .	☐ DELETE	2.1 TITLE					Change	Addition
NAME	Tompkins, Shelley		2.2 NAME						
STREET ADDRESS	9731 TIFFANY OAKS LANE		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	TAMPA FL		2. 4 CiTY-	ST-ZIP					
TITLE	SD	DELETE	31 TITLE		Ì		ı	Change	Addition
NAME	HAYMAN, JOYCE		3.2 NAME						
STREET ADDRESS	9725 TIFFANY OAKS LANE		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	TAMPA FL 33612		3.4. CITY-	ST-ZIP	ļ				114488-
TITLE	PD	☐ DELETE	4.1 TITLE				1	Change	Addition
NAME	ERICKSON, ROBERT		4.2 NAME						
STREET ADDRESS	9721 TIFFANY OAKS LANE			T ADDRESS					
CITY-ST-ZIP	TAMPA FL 33612	T briefe	4.4 CITY-		ļ		₁	Change	Addition
TITLE		☐ DELETE	5.1 TITLE				ļ	T CHRIDE	L AUGIOUI
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
City-St-ZiP	***************************************	DELETE	5.4 CITY-					Change	Addition
TITLE		f" Dereig	6.1 TITLE				'	ownige	Francisco
NAME			6.2 NAME		1				
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	Leading that the information are series	d with this filing does not avails	6.4 CiTY-	ST-ZIP	lated i	in Section 119 07/3Vi) Florida Statute	e I further	certify that	the
14 Las boros	by certify that the information supplied in indicated on this annual report of the parporation of the parporation in Block 12 or Block 12 ft changed.	d with this filing does not qualif supplemental annual report is to the receiper or trustee empow or on an alcohment with an add	64 CiTY- y for the ex- rue and acc- ered to exe- fress.	emption s	lated in the transfer of the t	in Section 119.07(3)(i), Florida Statute my signature shall have the same leg as required by Chapter 617, Florida	es. I further al effect as Statutes; an	certify that if made un d that my	the ider oath name