

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

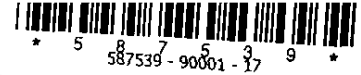
FILED
 Jul 14, 1999 8:00 am
 Secretary of State

07-14-1999 90001 017 ****61.25

DOCUMENT # N153031

1. Corporation Name
 TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business: 9725 TIFFANY OAKS LANE TAMPA FL 33612-7510 US
 Mailing Address: 9731 TIFFANY OAKS LANE TAMPA FL 33612 US



21	2. Principal Place of Business	2a. Mailing Address	26	9725 TIFFANY OAKS LANE	3. Date Incorporated or Qualified	06/09/1986
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	59-3059319	Applied For Not Applicable
23	City & State	28	TAMPA, FL.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	29	33612-7510	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
	Country	30	USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PODRAZA, JAMES B 9725 TIFFANY OAKS LANE TAMPA FL 33612-7512				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RENGS, ROBERT		1.2 NAME	RENGS, ROBERT			
STREET ADDRESS	9714 TIFFANY OAKS LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33612-7510		1.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PODRAZA, MARY O		2.2 NAME				
STREET ADDRESS	9725 TIFFANY OAKS LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33612-7510		2.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PODRAZA, JAMES		3.2 NAME				
STREET ADDRESS	9725 TIFFANY OAKS LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33612-7510		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James B. Podraza SIGNATURE REQUIRED 7/10/99 (813) 930-8121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #