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

## DOCUMENT # N153031

1. Corporation Name

TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, I

Principal Place of Business 9725 TIFFANY OAKS LANE TAMPA FL 33612-7510

υs

Mailing Address

9731 TIFFANY OAKS LANE TAMPA FL 33612

บร

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

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

\* 587539 - 90501 - 37 9 \*



Principal Place of Business   2x Mailing Address   3z   97x T/FFANY OAKS LANE   3z   97x T/FFANY OAKS										
Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 28   City & State 28   Suite, Apt. #, etc. 28   Sui	<del></del> 1	ace of Business	1							
Sp-3059319   Not Applicable   City & State   Sp-3059319						4. FEI Number	_	App	olied For	
City & State    City & State   City & State   City & State   City   Country   Country	<del>_</del>		27			59-3059319		Not	Applicable	
Zip   Country   Zip	City & State		1			5. Certifcate of Status Desired		•		
24 25 28 3 3 4 1 2 7 1		Country				6. Election Campaign Financing		\$5.00	May Be	
9. Name and Address of Current Registered Agent  PODRAZA, JAMES B 9725 TIFFANY OAKS LANE TAMPA FL 33612-7512  83  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 office or registered agent, or both, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or privated name of registered agent and time if applicable.  (NOTE: Registered Agent agreature required when revokating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME  VD DELETE 1.1TITLE  RENAS, ROBERT  TAMPA FL 33612-7510  TIME  TO DELETE 2.1TITLE  TO DELETE 2.1TITLE  TO DELETE 3.1TITLE  TO DELETE 3.1TITLE  PODRAZA, MARY O  9725 TIFFANY OAKS LANE  TAMPA FL 33612-7510  DELETE 3.1TITLE  PODRAZA, JAMES  STREET ADDRESS  GIY: ST-ZPP  TAMPA FL 33612-7510  DELETE 3.1TITLE  Addition  THE  PODRAZA, JAMES  STREET ADDRESS  GIY: ST-ZPP  TAMPA FL 33612-7510  DELETE 3.1TITLE  Addition  Addit		r1 '	—	USA	ŀ	· -			,	
PODRAZA, JAMES B 9725 TIFFANY OAKS LANE TAMPA FL 33612-7512  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 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, 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, 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, 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, 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, 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, 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, agent a	24		<u>'                                    </u>	****	10. Name and Address of New R	egistered A	gent			
9725 TIFFANY OAKS LANE TAMPA FL 33612-7512  83  City  FL  85  Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. In a spirature state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. In a spirature of registered agent agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD  OBLETE  11. TITLE  VD  OBLETE  12. NAME  STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  13. STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  21. TITLE  OPD  OPRAZA, MARY O  9725 TIFFANY OAKS LANE  TAMPA FL 33612-7510  DELETE  31. TITLE  OPD  OPRAZA, JAMES  STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  31. TITLE  OPD  OPRAZA, JAMES  STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  32. NAME  STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  33. STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  34. CITY-ST-ZIP  TAMPA FL 33612-7510  DELETE  44. TITLE  NAME  STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  44. STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  44. STREET ADDRESS  OTY-ST-ZIP  TAMPA FL 33612-7510  DELETE  44. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  44. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  44. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  45. City  TAMPA FL 33612-7510  DELETE  46. City  TAMPA FL 33612-7510  DELETE  47. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  48. City  TAMPA FL 33612-7510  D										
9725 TIFFANY OAKS LANE TAMPA FL 33612-7512  83  City  FL  85  Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the adverted 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 purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD  DELETE  11. TITLE  VD  DELETE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD  TITLE  VD  DELETE  13. STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33612-7510  14. CITY-ST-ZIP  TAMPA FL 33612-7510  DELETE  21. TITLE  DOBRAZA, MARY O  9725 TIFFANY OAKS LANE  TAMPA FL 33612-7510  DELETE  31. TITLE  PD  DORAZA, JAMES  STREET ADDRESS  TAMPA FL 33612-7510  DELETE  31. TITLE  DORAZA, JAMES  STREET ADDRESS  TAMPA FL 33612-7510  DELETE  32. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  33. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  34. CITY-ST-ZIP  TAMPA FL 33612-7510  DELETE  35. TIFFANY OAKS LANE  TAMPA FL 33612-7510  DELETE  40. CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TAMPA FL 33612-7510  DELETE  35. TIFFANY OAKS LANE  TAMPA FL 33612-7510  DELETE  42. AUME  42. NAME  43. STREET ADDRESS  STREET ADDRESS  TAMPA FL 33612-7510  DELETE  43. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  44. STREET ADDRESS  TAMPA FL 33612-7510  DELETE  45. CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/	DODDA7A IAMES R				82: Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33612-7512  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its 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, and tameliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature  Signature  Signature  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent suprature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  VO  MAKE  RENGS, ROBERT  12. NAME  RENGS, ROBERT  12. NAME  RENGS, ROBERT  12. NAME  RENGS, ROBERT  13. STREET ADDRESS  9714 TIFFANY OAKS LANE  13. STREET ADDRESS  9714 TIFFANY OAKS LANE  14. CITY. ST. ZIP  TITLE  14. CITY. ST. ZIP  TITLE  15. NAME  16. Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  RENGS, ROBERT  12. NAME  13. STREET ADDRESS  9725 TIFFANY OAKS LANE  13. STREET ADDRESS  9725 TIFFANY OAKS LANE  13. STREET ADDRESS  9725 TIFFANY OAKS LANE  13. TITLE  13. TITLE  14. CITY. ST. ZIP  14. CITY. ST. ZIP  15. CITY. ST. ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  15. CITY. ST. ZIP  16. Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITI					OE ORGAN MARIES (1. O. DON MARIES IS NOT NOOPHONE)					
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14. 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:

SIGRA GARAGE REQUIRED

7/10/99

(8/3) 930-812

Daytime Phone A