

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90032 015 ****61.25

DOCUMENT # N15303

1. Entity Name

TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

9725 TIFFANY OAKS LANE
 TAMPA FL 33612-7510
 US

9725 TIFFANY OAKS LANE
 TAMPA FL 33612-7510
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3059319

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PODRAZA, JAMES B
9725 TIFFANY OAKS LANE
TAMPA FL 33612-7512

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **RENES, ROBERT**
 STREET ADDRESS **9714 TIFFANY OAKS LANE**
 CITY-ST-ZIP **TAMPA FL 33612-7510**

TITLE **SD** Change Addition
 NAME **NANCY E. BARBER**
 STREET ADDRESS **9722 TIFFANY OAKS LANE**
 CITY-ST-ZIP **TAMPA, FL. 33612-7510**

TITLE **TD** Delete
 NAME **PODRAZA, MARY O**
 STREET ADDRESS **9725 TIFFANY OAKS LANE**
 CITY-ST-ZIP **TAMPA FL 33612-7510**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **PODRAZA, JAMES**
 STREET ADDRESS **9725 TIFFANY OAKS LANE**
 CITY-ST-ZIP **TAMPA FL 33612-7510**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #