

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N15303**

02-01-2001 90190 033 *****61:25

1. Entity Name

TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9725 TIFFANY OAKS LANE
TAMPA, FL 33612-7510**

2. Principal Place of Business

9721 TIFFANY OAKS LANE

3. Mailing Address

9721 TIFFANY OAKS LANE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3059319

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMES B. PODRAZA
9725 TIFFANY OAKS LANE
TAMPA, FLORIDA 33612-7512**

7. Name and Address of New Registered Agent

Name **KAREN G. LEWANICK**
Street Address (P.O. Box Number Is Not Acceptable) **9721 TIFFANY OAKS LANE**
City **TAMPA** FL Zip Code **33612**

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 **Karen G. Lewanick**
KAREN G. LEWANICK PRESIDENT

DATE **1-19-2001**

**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

| | | |
|----------------|-------------------------------|--|
| TITLE | PRESIDENT / DIRECTOR | <input checked="" type="checkbox"/> Delete |
| NAME | JAMES B. PODRAZA | |
| STREET ADDRESS | 9725 TIFFANY OAKS LANE | |
| CITY-ST-ZIP | TAMPA, FL 33612-7510 | |
| TITLE | SECRETARY / DIRECTOR | <input checked="" type="checkbox"/> Delete |
| NAME | NANCY E. BARBER | |
| STREET ADDRESS | 9722 TIFFANY OAKS LANE | |
| CITY-ST-ZIP | TAMPA, FL 33612-7510 | |
| TITLE | TREASURER / DIRECTOR | <input checked="" type="checkbox"/> Delete |
| NAME | MARY O. PODRAZA | |
| STREET ADDRESS | 9725 TIFFANY OAKS LANE | |
| CITY-ST-ZIP | TAMPA, FL 33612-7510 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | PRESIDENT / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAREN G. LEWANICK | |
| STREET ADDRESS | 9721 TIFFANY OAKS LANE | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | SECRETARY / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT CORNETT | |
| STREET ADDRESS | 9716 TIFFANY OAKS LANE | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | TREASURER / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TRICIA HASBROCK | |
| STREET ADDRESS | 9731 TIFFANY OAKS LANE | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 **Karen G. Lewanick** **KAREN G. LEWANICK** 1-19-2001 813-931-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 01 FEB - 1 PM 4:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

a/a/04