

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90004 038 ****61.25

DOCUMENT # N15303

1. Entity Name

**TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

9721 TIFFANY OAKS LANE
 TAMPA FL 33612-7510
 US

9721 TIFFANY OAKS LANE
 TAMPA FL 33612-7510
 US

2. Principal Place of Business

3. Mailing Address

9700 TIFFANY OAKS LANE
 Suite, Apt. #, etc.

9700 TIFFANY OAKS LANE
 Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA FL

4. FEI Number
59-3059319

Applied For
 Not Applicable

Zip
33612-7510

Country
USA

Zip
33612-7510

Country
USA

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

**LEWANICK, KAREN G
 9721 TIFFANY OAKS LANE
 TAMPA FL 33612**

Name **JONES BRIAN**
 Street Address (P.O. Box Number is Not Acceptable)
9724 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: *Brian D. Jones, President* DATE: **1-12-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	PD	<input type="checkbox"/> Delete
NAME	LEWANICK, KAREN G	
STREET ADDRESS	9721 TIFFANY OAKS LANE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORNETT, ROBERT	
STREET ADDRESS	9716 TIFFANY OAKS LANE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HASBROUCK, TRICIA	
STREET ADDRESS	9731 TIFFANY OAKS LANE	
CITY-ST-ZIP	TAMPA FL 33612	
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		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANICK, KAREN G	
STREET ADDRESS	9721 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, BRIAN	
STREET ADDRESS	9724 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** SECRETARY/DIRECTOR 1-12-2002 813-931-4050

CR2E037 (9/01)