


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

01-14-2008 90110 046 ****61.25

DOCUMENT # N15303			
1. Entity Name TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9700 TIFANY OAKS LANE TAMPA, FL 33612-7510 US		Mailing Address 9700 TIFANY OAKS LANE TAMPA, FL 33612-7510 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01092008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3059319		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COPPERSMITH, BINNIE 9714 TIFFANY OAKS LANE TAMPA, FL 33612		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPPERSMITH, BINNIE	NAME	FREDA HEIMBACH
STREET ADDRESS	9714 TIFFANY OAKS LANE	STREET ADDRESS	9726 TIFFANY OAKS LANE
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	TAMPA, FL 33612
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANICK, KAREN G	NAME	
STREET ADDRESS	9721 TIFFANY OAKS LN	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZAS, MARIA	NAME	
STREET ADDRESS	9712 TIFFANY OAKS LN	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, JACK	NAME	
STREET ADDRESS	9725 TIFFANY OAKS LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHARI	NAME	
STREET ADDRESS	9724 TIFFANY OAKS LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Binnie Coppersmith</i>		Date: <i>2/26/08</i> Daytime Phone #: <i>813-286-1335</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Binnie Coppersmith</i> President			