

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90055 022 ****61.25

DOCUMENT # N20177

1. Entity Name

TIFFANY TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**EDWARD SHERMAN
 17723 TIFFANY TRACE DR
 BOCA RATON FL 33487
 US**

**C/O UNITED COMM. MGMT.
 3300 UNIVERSITY DRIVE #405
 CORAL SPRINGS FL 33065-4130
 US**



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

65-0171459

Applied For

Not Applicable

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

**ADLER, MARY
 17554 TIFFANY TRACE DR.
 BOCA RATON FL 33487**

Name **United Community Mgmt. Corp**
 Street Address (P.O. Box Number is Not Acceptable) **3300 University Dr #405**
 City **Coral Springs,** State **FL** Zip Code **33065**

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 **UNITED COMMUNITY MGT. CORP.** (Signature, typed or printed name of registered agent and title if applicable.)
 Signature of Registered Agent: *[Handwritten Signature]* (NOTE: Registered Agent signature required when reinstating)
 DATE **3/30/00**

**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	<input type="checkbox"/> Delete
NAME	COX, BETTYE	
STREET ADDRESS	17522 TIFFANY TRACE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADLER, MARY	
STREET ADDRESS	17554 TIFFANY TRACE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINSON, BARRY	
STREET ADDRESS	17514 TIFFANY TRACE DR	
CITY-ST-ZIP	BOCA RATON FL	
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	PD	<input checked="" 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		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oberman, Steve	
STREET ADDRESS	17502 Tiffany Trace Dr.	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alden-mielz, Carol	
STREET ADDRESS	17475 Tiffany Trace Dr.	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Eddie	
STREET ADDRESS	17467 Tiffany Trace Dr.	
CITY-ST-ZIP	Boca Raton, Fl. 33487	

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 **Bettye J. Cox** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE **3/12/00** Daytime Phone # **561/997-7662**

CRE037 (9/99)