FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:03

DOCUMENT # N92000000814 (5)

1. Corporation Name
TIFFANY ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2744 TIFFANY DRIVE NEW SMYRNA BEACH FL 32068	2744 TIFFANY DRIVE NEW SMYRNA BEACH FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 05/02/1994
4. FEI Number: 59-3157176 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

LEFFLER, RICHARD
2744 TIFFANY DRIVE
NEW SMYRNA BEACH FL 32068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	VOSHELL, ROBERT	12 NAME	KIRK L. CULVER
STREET ADDRESS	2749 TIFFANY DR	13 STREET ADDRESS	2749 TIFFANY DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32068	14 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D	21 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SAYRE, WILLIAM	22 NAME	FRED ZERCHER
STREET ADDRESS	1703 S. RIVERSIDE DRIVE	23 STREET ADDRESS	2609 TIFFANY DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL	24 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CORNELIUS, LON	32 NAME	
STREET ADDRESS	2734 TIFFANY DR	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	LYMAN, GREGORY	42 NAME	
STREET ADDRESS	2765 TIFFANY DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MASON, JAMES	52 NAME	
STREET ADDRESS	2660 TIFFANY DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	54 CITY-ST-ZIP	
TITLE	ST	61 TITLE	☐ Change ☐ Addition
NAME	LEFFLER, RICHARD	62 NAME	
STREET ADDRESS	2744 TIFFANY DR	63 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32068	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C. Leffler, Secretary — 904-423-1638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024142