

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90189 005 \*\*\*\*61.25

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**DOCUMENT # N92000000814**

1. Corporation Name

**TIFFANY ESTATES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

2744 TIFFANY DRIVE  
NEW SMYRNA BEACH FL 32168

Mailing Address

2744 TIFFANY DRIVE  
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

12/14/1992

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

9. Name and Address of Current Registered Agent

EMMERT, LEE  
2744 TIFFANY DRIVE  
NEW SMYRNA BEACH FL 32068

32168

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KIRK L CULVER  
STREET ADDRESS 2749 TIFFANY DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE D ☒ DELETE

NAME FRED ZERCHER  
STREET ADDRESS 2609 TIFFANY DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE D ☒ DELETE

NAME CORNELIUS, LON  
STREET ADDRESS 2734 TIFFANY DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE P ☐ DELETE

NAME LYMAN, GREGORY  
STREET ADDRESS 2765 TIFFANY DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE D ☐ DELETE

NAME EMMERT, JOHN R  
STREET ADDRESS 2744 TIFFANY DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ST ☐ DELETE

NAME EMMERT, LEE  
STREET ADDRESS 2744 TIFFANY DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

904-427-8368

Daytime Phone #

CR2E037 (1/198)