

2000 UNIFORM BUSINESS REPORT (UBR)

7

FILED
Aug 30, 2000 8:00 am
Secretary of State

07-24-2000 90012 011 ****61.25

DOCUMENT # N92000000814

1. Entity Name

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

Principal Place of Business

Mailing Address

2744 TIFFANY DRIVE
 NEW SMYRNA BEACH FL 32168

2744 TIFFANY DRIVE
 NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3157176**

Applied For
 Not Applicable

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

EMMERT, LEE
 2744 TIFFANY DRIVE
 NEW SMYRNA BEACH FL ~~32000~~ **32168**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	KIRK L CULVER	
STREET ADDRESS	2749 TIFFANY DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LYMAN, GREGORY	
STREET ADDRESS	2765 TIFFANY DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMMERT, JOHN R	
STREET ADDRESS	2744 TIFFANY DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EMMERT, LEE	
STREET ADDRESS	2744 TIFFANY DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32000 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert Burtner	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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	Robert Burtner (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2625 Tiffany Drive	
CITY-ST-ZIP	New Smyrna Bch Fl 32168	
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: *R. S. [Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-00
 Date

1-904-427-8368
 Daytime Phone #

CR2E037 (5/00)