

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90006 007 ****70.50

DOCUMENT # N92000000814

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



Principal Place of Business
**2690 TIFFANY DRIVE
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**2690 TIFFANY DRIVE
NEW SMYRNA BEACH, FL 32168**



2. Principal Place of Business
21689 Tiffany Drive
Suite, Apt. #, etc.

3. Mailing Address
21689 Tiffany Drive
Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State
New Smyrna Bch FL
Zip Country
32168 U.S.

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New Smyrna Bch FL
Zip Country
32168 U.S.

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

**TUCKER, MICHELE N MRS.
2690 TIFFANY DRIVE
NEW SMYRNA BEACH, FL 32168**

7. Name and Address of New Registered Agent

Name **Claudia LaMec**
Street Address (P.O. Box Number is Not Acceptable)
21689 Tiffany Drive
City **New Smyrna Bch FL** Zip Code **32168**

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

Claudia LaMec

5-11-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEANDREA, LORI 2734 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMEE, CLAUDIA 2689 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, MICHELE N 2690 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUTZ, HEATHER 2724 TIFFANY DR NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BURTNER, ROBERT 2625 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMEE, LANCE 2689 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-04 (386)426-2010

Date

Daytime Phone #

Attachment

54054390

#N92000000814

To Whom it May Concern, 5.11.04

I do apologize for this report being late. Right now our association is in total disarray. I am currently President, Vice-president, Secretary, and Treasurer. Trying my best to do it all. I hope you will accept this check on behalf of our association while I work toward trying to get us back on our feet.

Thankyou, should you have any questions or advice, please call me @ (386) 426-2010

Sincerely,

Claudia LaMee
(vice president)