

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000814

FILED
Jan 03, 2006
Secretary of State

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

Current Principal Place of Business:

2689 TIFFANY DR.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

2749 TIFFANY DRIVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

2689 TIFFANY DR.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

POST OFFICE BOX 803
NEW SMYRNA BEACH, FL 32170

FEI Number: 59-3157176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMAC, CLAUDIA
2689 TIFFANY DR.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

LOVELACE, BARBARA Y
340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

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: BARBARA Y LOVELACE

01/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAMEE, CLAUDIA
Address: 2689 TIFFANY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D () Delete
Name: BURTNER, ROBERT
Address: 2625 TIFFANY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D () Delete
Name: LAMEE, LANCE
Address: 2689 TIFFANY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOVELACE, ROBERT H JR
Address: 2609 TIFFANY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D (X) Change () Addition
Name: SCHULIEN, LINNE
Address: 2749 TIFFANY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H LOVELACE JR

D

01/03/2006

Electronic Signature of Signing Officer or Director

Date