

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90140 014 ****70.00

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

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

☐ CHECK HERE IF MAKING CHANGES



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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michelle N. Tucker **Michelle N. Tucker, Treasurer** **4-14-03**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tucker, James G.	
STREET ADDRESS	8690 Tiffany Drive	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Michelle N. Tucker **Michelle N. Tucker** **4-14-03** **386-427-4882**

CR2E037 (10/02)