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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003428 (7)

1. Corporation Name

TIFFANY OAKS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8351 WESTPORT ROAD JACKSONVILLE FL 32244

8351 WESTPORT ROAD JACKSONVILLE FL 32244-5901

3. Date Incorporated or Qualified
06/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2215 East SR 200**

26 **P O Box 1987**

4. FEI Number **59-3382042**

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
Yulee FL

28 City & State
Yulee FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **32097**

25 Country **US**

29 Zip **32041-1987**

30 Country **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWELL, WILLIAM R II
 8351 WESTPORT ROAD
 JACKSONVILLE FL 32244**

81 Name **Terrell J Powell**

82 Street Address (P.O. Box Number is Not Acceptable)
2215 East SR 200

83

84 City **Yulee FL**

85 Zip Code **32097**

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 *Terrell J. Powell*

(NOTE: Registered Agent signature required when reinstating)

DATE

April 10, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD HOWELL, WILLIAM R II**
 STREET ADDRESS **8351 WESTPORT ROAD**
 CITY - ST - ZIP **JACKSONVILLE FL 32244**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

TITLE DELETE
 NAME **VTD SENHART, NECDET**
 STREET ADDRESS **8351 WESTPORT ROAD**
 CITY - ST - ZIP **JACKSONVILLE FL 32244**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

TITLE DELETE
 NAME **SD CHRONISTER, CORINNE**
 STREET ADDRESS **8351 WESTPORT ROAD**
 CITY - ST - ZIP **JACKSONVILLE FL 32244**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I do 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.

WILLIAM R. HOWELL, II

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William R. Howell, II

11/13/97

904-292-0778

CR2E037 (9/96)