

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

0000214

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 2215 EAST SR 200 YULEE FL 32097 US	Mailing Address P.O. BOX 1987 YULEE FL 32041-1987 US	3. Date Incorporated or Qualified 06/26/1996	4. FEI Number 59-3382042	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Four Seasons Management Suite, Apt. #, etc. 10036 Sawgrass Dr. W. Suite 3	2a. Mailing Address 28 P.O. Drawer 1159 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State Ponte Vedra Florida	27 City & State Ponte Vedra FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32082	25 Country St. John	29 Zip 32004
26 Country US	30 Country US	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent POWELL, TERRELL J 2215 EAST SR 200 YULEE FL 32097	10. Name and Address of New Registered Agent 61 Name Don Munch 62 Street Address (P.O. Box Number is Not Acceptable) 40 Four Seasons Management 63 10036 Sawgrass Dr. W, Suite 3 64 City Ponte Vedra Beach FL 85 Zip Code 32082
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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: *Donald Munch* Donald Munch DATE: 8/17/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HOWELL, WILLIAM R II 8351 WESTPORT ROAD JACKSONVILLE FL 32244	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD	SENHART, NECDET 8351 WESTPORT ROAD JACKSONVILLE FL 32244	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	CHRONISTER, CORINNE 8351 WESTPORT ROAD JACKSONVILLE FL 32244	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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.

SIGNATURE: *Necdet Senhart* Necdet Senhart DATE: 7/25/98

(NOTE: Signature and typed or printed name of signing officer or director)

CR2E037 (5/98)