

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90174 046 ****61.25

DOCUMENT # N96000003428

1. Entity Name

TIFFANY OAKS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WESWT SR 434, SUITE 5000
 LONGWOOD FL 32779-5044
 US

2180 WESWT SR 434, SUITE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3382042

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNCH, DON
C/O FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR N STE 3
PONTE VEDRA BEACH FL 32082

Name

HART, JAMES W JR

Street Address (P.O. Box Number is Not Acceptable)

SENTRY MANAGEMENT INC

2180 W SR 434 STE 5000

City

LONGWOOD

FL

Zip Code

32779

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]
 1/18/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME **HOWELL, WILLIAM R.**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **SENHART, NICK**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 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 things empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000

904-241-6600

Date

Daytime Phone #

CR2E037 (9/99)