

2001 UNIFORM BUSINESS REPORT (UBR)

3/7

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-07-2001 90611 016 ****61.25

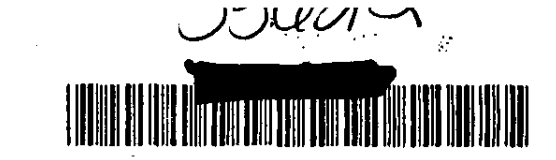
DOCUMENT # N96000003428

1. Entity Name

TIFFANY OAKS OWNERS ASSOCIATION, INC.

Principal Place of Business 11315 LANDING ESTATES DRIVE JACKSONVILLE FL 32257 US	Mailing Address 11315 LANDING ESTATES DRIVE JACKSONVILLE FL 32257 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3382042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, RODGER W.
 11315 LANDING ESTATES DRIVE
 JACKSONVILLE FL 32257

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWELL, WILLIAM R 8351 WESTPORT ROAD JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SENHART, NICK 8351 WESTPORT ROAD JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRONISTER, CORINNE 8351 WESTPORT ROAD JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rodger Carroll Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11315 Landing Estates Drive Jacksonville, FL 32257 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg S. Gentry V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11364 Landing Estates Dr Jacksonville, FL 32257 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roswitha Mardin Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11340 Landing Estates Dr. Jacksonville, FL 32257 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Patricia J. Newell 11346 Landing Estates Dr Jacksonville, FL 32257 (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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: Signature of Rodger Carroll
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-01 904-616-9787
 Date Daytime Phone #