


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003428
 1. Entity Name
 TIFFANY OAKS OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 11315 LANDING ESTATES DRIVE 11315 LANDING ESTATES DRIVE
 JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

DO NOT WRITE IN THIS SPACE



02272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3382042	Applied For 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

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

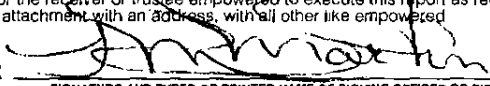
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CARROLL, RODGER 11315 LANDING ESTATES DRIVE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY ST ZIP	TD MARTIN, ROSWITHA 11340 LANDING ESTATES DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY ST ZIP	SD NEWELL, PATRICIA J 11345 LANDING ESTATES DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD JORDAN, KEITH A 11382 LANDING ESTATES DR. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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 03/01/05-80026-005 61.25

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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:  **02/27/05** 904-279-9514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #