

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90009 038 \*\*\*\*61.25

**DOCUMENT # N98000002069**

1. Entity Name

**TIFFANIE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1250 SEMINOLE BLVD  
SUITE 1  
LARGO FL 33770

1250 SEMINOLE BLVD  
SUITE 1  
LARGO FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3439335**

Applied For

Not Applicable

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

**BRUNDAGE, GARY**  
**1250 SEMINOLE BLVD**  
**SUITE 1**  
**LARGO FL 33770**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **BRUNDAGE, GARY**  
STREET ADDRESS **1250 SEMINOLE BLVD, SU 1**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **Robert Fasce, Jr.** ☐ Change ☒ Addition  
NAME **12635 Robyn Ct.**  
STREET ADDRESS **LARGO, FL 33773**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **HAMMOND, SCOTT**  
STREET ADDRESS **12668 ROBYN COURT**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE **D Cheryl Fasce** ☐ Change ☒ Addition  
NAME **12635 Robyn Ct.**  
STREET ADDRESS **LARGO, FL 33773**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **HAMMOND, LISA**  
STREET ADDRESS **12668 ROBYN COURT**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WINIECKI, JOHN**  
STREET ADDRESS **12619 ROBYN CT**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **WHEELER, T OM**  
STREET ADDRESS **12684 ROBYN CT**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE **DOM Jones** ☒ Change ☐ Addition  
NAME **12696 Robyn Ct.**  
STREET ADDRESS **LARGO, FL 33773**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NOWELL, SYLVIA**  
STREET ADDRESS **12651 ROBYN CT**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Change ☐ Addition  
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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)