2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000002069

1. Entity Name

TIFFANIE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.

			The state of the s				
Principal Place	e of Business	Mailing Address					
1250 SEMINOLE BLVD		1250 SEMINOLE BLVD			****		
SUITE 1 LARGO FL 33770.		SUITE 1 LARGO FL 33770					
	··· •						
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number		ΙΔn	plied For
ony a state		City & State		59-3439335 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status De		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name	-			
BRUNDAGE, GARY 1250 SEMINOLE BLVD		Street Addr		ss (P.O. Box Number is Not Ac	ceptable)	7.00	
SUIT	TE 1 GO FL 33770						
LAIT	GO 1 E 33770		City		FL	Zip Code	•
8. The above	named entity submits this statement f	or the purpose of changing its	reaistered office or reai	istered agent, or both, in the Sta	ate of Florida. I am	familiar with.	and accept
	ions of registered agent.		· ·	•			
SIGNATURE -							
	. Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature req	quired when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be	Make Chec	k Pavable	to
	Due By May 1, 2004	Trust Fund (Contribution.	Added to Fees	Florida Depar		
10.	OFFICERS AND D	IDECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DI	DECTORS IN	10
TITLE	P	Delete	TITLE	ADDITIONS/CHANGES TO	OFFICERS AND DI	☐ Change	Addition
NAME	BRUNDAGE, GARY	Dollar	NAME			onlings	
STREET ADDRESS	1250 SEMINOLE BLVD, SU 1		STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP				
TITLE	VP SCOTT	☐ Delete	TITLE			Change	☐ Addition
NAME	HAMMOND, SCOTT 12668 ROBYN COURT		NAME				
STREET ADDRESS CITY-ST-ZIP	LARGO FL 33773		STREET ADDRESS CITY-ST-ZIP		-		
	<u></u>	, Double				Change	Maddition
TITLE NAME	HAMMOND, LISA	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS	12668 ROBYN COURT		STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	WINIECKI, JOHN		NAME				
STREET ADDRESS	12619 ROBYN CT		STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP				
TITLE	NOWELL SYLVIA	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	NOWELL, SYLVIA 12651 ROBYN CT		NAME				
STREET ADDRESS	LARGO FL 33773	•	STREET ADDRESS				
CITY-ST-ZIP		······	CITY-ST-ZIP			***	
TITLE		☐ Delete	TITLE			Change .	Addition
NAME			NAME		• • •		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS \ CITY-ST-ZIP	-	- •		
0111-31-417	1		■ GH7*3F7F 1				

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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 127 504-352

Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90332 007 ****61.25