

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002069

1. Entity Name
TIFFANIE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3439335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMMOND, SCOTT
12668 ROBYN CT
LARGO, FL 33773**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FASCOE, BOB
STREET ADDRESS	12635 ROBYN CT
CITY-ST-ZIP	LARGO, FL 33773
TITLE	VP
NAME	HAMMOND, SCOTT
STREET ADDRESS	12668 ROBYN COURT
CITY-ST-ZIP	LARGO, FL 33773
TITLE	T
NAME	HAMMOND, LISA
STREET ADDRESS	12668 ROBYN COURT
CITY-ST-ZIP	LARGO, FL 33773
TITLE	D
NAME	WINIECKI, JOHN
STREET ADDRESS	12619 ROBYN CT
CITY-ST-ZIP	LARGO, FL 33773
TITLE	D
NAME	NOWELL, SYLVIA
STREET ADDRESS	12651 ROBYN CT
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000530001
05/05/06-80097-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/18/06

Date

Daytime Phone #