

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33273

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** TIFFANY PLACE HOME OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

8101 TIPPIN AVENUE  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

8101 TIPPIN AVENUE  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 59-2972429      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAUGHDRILL, JOAN R  
8244 RIDGEFIELD RD  
PENSACOLA, FL 32514      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DAUGHDRILL, KIM C.,  
Address: 8101 TIPPIN AVE APT K  
City-St-Zip: PENSACOLA, FL

Title: SD      ( ) Delete  
Name: POWELL, LARRY,  
Address: 10259 SUGAR CREEK PLACE  
City-St-Zip: PENSACOLA, FL

Title: TD      ( ) Delete  
Name: DAUGHDRILL, BILLY H.,  
Address: 8244 RIDGEFIELD ROAD  
City-St-Zip: PENSACOLA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY H DAUGHDRILL

TD

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date