

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05758

FILED
Apr 24, 2009
Secretary of State

Entity Name: TIFFANY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2106 NW 13TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2106 NW 13TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-2506987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, RICHARD
C/O ROGERS REALTY
2106 NW 13TH ST.
GAINESVILLE, FL 32609 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: VD () Delete
Name: CURCIO, FRANK
Address: 1429 NW 43RD AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: RUSSELL, JOSEPH
Address: 2061 NW 28 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: STD () Delete
Name: BRAUN, GEORGE
Address: 118 BENTLEY DR
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: LUTZ, MATTHEW
Address: 3053 NW 28 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CURCIO, FRANK
Address: 1429 NW 43RD AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD (X) Change () Addition
Name: MALONEY, CHARLES
Address: 3073 NW 28 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: BRAUN, GEORGE
Address: 118 BENTLEY DR
City-St-Zip: HAWTHORNE, FL 32640

Title: STD (X) Change () Addition
Name: CAI, SHURU
Address: 3026 NW 28 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Change (X) Addition
Name: ROGERS, RICHARD
Address: 2106 N.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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: SHURU CAI

STD

04/24/2009

Electronic Signature of Signing Officer or Director

Date