FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09306 (4)

1. Corporate Name

TIFFANY WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
2180 W SR 434, SUITE 5000
LONGWOOD FL 32779

Mailing Address
2180 W SR 434 SUITE 5000
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1985
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2963985 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22 / 27
City, State — 23 / 28
24 / 25 / 29 / 30

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Certified Copy Requested [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has notify for information tax credit or refund Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HART, JAMES W., JR.
3180 W SR 434 - SUITE 5000
LONGWOOD, 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to Section 607.0501, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The street address of the registered office and the name of the registered agent are identical to those in effect on the date of the last filing with the Department of State. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, DELETIONS
~~PD~~	PD [X] Change [ ] Addition
~~LADAN, ZELDA~~	SOLLACCIO, JOE
~~4653 TIFFANY WOODS CIR~~	4646 TIFFANY WOODS CIR
~~OVIEDO FL~~	OVIEDO FL 32765
D	[ ] Change [ ] Addition
TILLMAN, DENNIS	
4612 TIFFANY WOODS CIRCLE	
OVEIDO FL	
SD	[ ] Change [ ] Addition
STUTIN, DONNA	
4639 TIFFANY WOODS CIR	
OVEIDO FL	
~~TD~~	TD [X] Change [ ] Addition
~~HARBUCK, CARMEN~~	MARCY, SHARON
~~4619 TIFFANY WOODS CIR~~	4648 TIFFANY WOODS CIR
~~OVIEDO FL~~	OVIEDO FL 32765
~~VD~~	VD [X] Change [ ] Addition
~~LIBBY, ALICE~~	HOLT, GREG
~~4620 TIFFANY WOODS CI~~	4650 TIFFANY WOODS CIR
~~OVIEDO FL~~	OVIEDO FL 32765
	[ ] Change [ ] Addition

14. Updated, certified, that the information appearing with the foregoing document and does not qualify for the exemption stated in Section 607.0501, Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and be made under oath as if made under oath at the time of the filing of the report or the amendment to the annual report, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is attached and attested.

SIGNATURE: President
BRING THIS AND SPECIFIED PRINTED NAME OF SIGNED OFFICER OR DIRECTOR
JOSEPH SOLLACCIO

4-5-95 (407) 420-5526

0003400